

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS APR 4 1960

**60-010800**

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1672

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in 1b <b>35 years</b>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3918 Charlotte Street Grose Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>2900 Tracy</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>Florence</b>		Middle <b>D</b>		Last <b>Bishop</b>		Month <b>March</b> Day <b>19</b> Year <b>1960</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <b>Never Married</b>	8. DATE OF BIRTH <b>11/3/1933</b>	9. AGE (last birthday) <b>26</b>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Miami Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>Albert P. Bishop</b>			13b. MOTHER'S MAIDEN NAME <b>Molly Bennett</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT <b>Kansas City Missouri Mrs. John R. Cooley 3618 East 59th St</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>CARCINOMA, BREAST, RIGHT with EXTENSIVE Metastases, Axilla, Rt, Liver.</b>						<b>1 yr.</b>	
DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Bronchopneumonia, terminal, Aspirational type</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>None</b>					
20c. TIME OF INJURY	Hour <b>None</b>	Month, Day, Year <b>None</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <b>None</b>		20f. CITY, TOWN, OR LOCATION <b>None</b>		COUNTY		STATE	
21. I attended the deceased from <b>Oct 1949</b> to <b>3-19-60</b> and last saw her alive on <b>3-19-60</b> Death occurred at <b>3-19-60</b> at <b>5:20 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Harold A. Budke</b> (Degree or title)				22b. ADDRESS <b>1019-23 Argyle Bldg.</b>			22c. DATE SIGNED <b>3-21-60</b>
23a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>3/22/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Miami Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Miami Missouri</b>		
24. FUNERAL DIRECTOR <b>D.W. Newcomers Sons</b> ADDRESS <b>1331 Brush Creek Blvd.</b>				25. DATE RECD. BY LOCAL REG. <b>3-22-60</b>		26. REGISTRAR'S SIGNATURE <b>Meva Marshall</b>	
Kansas City Missouri							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Harold A. Budke**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wern Lawler

Licensed Embalmer No. 4915

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.