URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 24 1960

-60-018252
STATE FILE NUMBER

Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 8

ENDED

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vandalia — Length of stay in 1b 1 YEAR
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION W. Highway 54 — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Vandalia — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) W. Highway 54 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EMMA Middle SOPHIE Last BISHOP
4. DATE OF DEATH Month May Day 15, Year 1960
5. SEX Female
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH May 14, 1878
9. AGE (last birthday) 82 — IF UNDER 1 YEAR Months 0 Days 1 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) Warren Co. Mo
12. CITIZEN OF WHAT COUNTRY U. S. A
13a. FATHER'S NAME August Fisher
13b. MOTHER'S MAIDEN NAME Sophie Feebe
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Mrs. Ida Castlemen, Vandalia, Mo

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)	Coronary Thrombosis	1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Capillary Fragility	8 yrs.
DUE TO (c)	Chronic hypertension	10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-1957, to 5-15-60 and last saw her ~~him~~ alive on 5-15-60
Death occurred at 5-15-60 9:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. M. Dougherty DO
22b. ADDRESS Vandalia, Mo.
22c. DATE SIGNED 5-16-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 17, 1960
23c. NAME OF CEMETERY OR CREMATORY Montgomery City
23d. LOCATION (City, town, or county) (State) Montgomery City, Mo

24. FUNERAL DIRECTOR ADDRESS Wells Funeral Home, Wellsville, Mo
25. DATE RECD. BY LOCAL REG. May 16 1960
26. REGISTRAR'S SIGNATURE Mollie Fugua

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Howard F Myers

Signature of Student Embalmer

Licensed Embalmer No. 4494

P. O. Address Wellsville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.