

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032457

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 893

STATE FILE NUMBER

FILED SEP 26 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Greene</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		a. STATE <u>Missouri</u> COUNTY <u>Greene</u>		c. CITY OR TOWN <u>Springfield</u>	
Length of stay in 1b <u>Life</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1316 W. Tompa</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. Burge Prot. Hosp.</u>				d. STREET ADDRESS (If outside, give location)			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			5. SEX	
First <u>Robert</u> Middle <u>Lee</u> Last <u>Bishop</u>			Month <u>September</u> Day <u>19</u> Year <u>1961</u>			Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-10-24</u>		9. AGE (last birthday) <u>36</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gas Dept. Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Utilities</u>		11. BIRTHPLACE (City and state or country) <u>Springfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Gordon Emery Bishop</u>			13b. MOTHER'S MAIDEN NAME <u>Dora Jane Ray</u>			14. NAME OF HUSBAND OR WIFE <u>Maryle Ruth Bishop</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. I</u>				17. INFORMANT Address <u>Maryle Ruth Bishop - Springfield, Mo.</u>			
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) <u>Myocardial Infarction</u>							<u>2 days</u>
DUE TO (b) <u>Coronary Occlusion</u>							<u>2 days</u>
DUE TO (c) <u>Atherosclerotic heart disease</u>							<u>5 mo.</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour <u>          </u> a.m. <u>          </u> p.m. Month, Day, Year <u>          </u>							
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, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>April 1961</u> to <u>19 Sept 61</u> and last saw him alive on <u>May - June 1961</u> . Death occurred at <u>          </u> : <u>00</u> <u>          </u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Kenneth E. Knabb, M.D.</u>				22b. ADDRESS <u>16304. Jefferson</u>		22c. DATE SIGNED <u>21 Sept 61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-21-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Springfield Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Rex Rainey - Springfield, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>9-22-61</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Mattern</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 28 1961

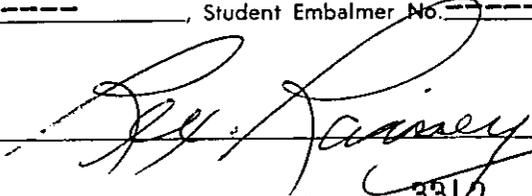
SEP 29 1961

**STATEMENT BY LICENSED EMBALMER**

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

working under my personal supervision.

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

Signed  \_\_\_\_\_  
Licensed Embalmer No. 3312

P. O. Address Springfield, 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.