

1905

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 19 1949

 BIRTH NO. 49-002964 REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5779 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Franklin</u>			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Franklin</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Mi S W of Eldon</u>				d. STREET ADDRESS (If rural, give location) <u>2 Mi S W of Eldon</u>					
3. NAME OF DECEASED (Type or Print) <u>Steavie Mickel Bishop</u>			a. (First)	b. (Middle)	c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 9th 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Jan 9th 1949</u>		9. AGE (In years last birthday)	# UNDER 1 YEAR Months	# UNDER 24 HRS. Days	# UNDER 60 MIN. Hours / Min. <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		11. BIRTHPLACE (State or foreign country) <u>Miller Co Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Herschel Bishop</u>			13b. MOTHER'S MAIDEN NAME <u>Lorene Billyeu</u>			14. NAME OF HUSBAND OR WIFE <u>XXXX</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herschel Bishop Eldon Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1776</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan 9, 1949</u> , to <u>Jan 9, 1949</u> , that I last saw the deceased alive on <u>Jan 9, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>E. Shelton M.D.</u> (Degree or title)				23b. ADDRESS <u>Eldon Mo</u>			23c. DATE SIGNED <u>Jan 10 '49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 10-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Versailles Mo</u>				
DATE REC'D BY LOCAL REG. <u>Jan. 10, 1949</u>		REGISTRAR'S SIGNATURE <u>Adveretta Waltz</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Rich M. Keys</u>		ADDRESS <u>Eldon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300

10-48

6600

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 18 1949

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
Student Embalmer

Signed Keith M Kaye
Licensed Embalmer No. 3998
P. O. Address Eldon 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 this body is not embalmed, fact should be so stated above.