

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 24467

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Charles</b>	
c. LENGTH OF STAY (In this place) <b>50 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1700 Tompkin St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rufus</b>		b. (Middle) <b>W.</b>	
c. (Last) <b>Bishop</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 12-1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 3, 1971</b>
9. AGE (In years last birthday) <b>78</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	
11. BIRTHPLACE (State or foreign country) <b>Lincoln Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Bishop</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Sheets</b>	
14. NAME OF HUSBAND OR WIFE <b>Emma Roberta Bishop</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>Retired</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Marvin Bishop, St. Charles Mo.</b>	
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) <b>Cerebral Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pericious Anemia</b>	
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)		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 <b>12 March 1947</b> , to <b>12 July 1949</b> that I last saw the deceased alive on <b>11 July 1949</b> , and that death occurred at <b>4:40 p.m.</b> , from the causes and on the day stated above.			
23a. SIGNATURE <b>Dr. J. J. ...</b>		23b. ADDRESS <b>114 N. Main St. Charles Mo.</b>	
23c. DATE SIGNED <b>17 July 49</b>		24a. BURLIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>7/14/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	
24d. LOCATION (City, town, or county) <b>St. Charles Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Collier Funeral Home</b>	
25. ADDRESS <b>10123 St. Chas. Rd.</b>		DATE REC'D BY LOCAL REG. <b>7/15/49</b>	
REGISTRAR'S SIGNATURE <b>Harrie Hamelton</b>		284	

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

RECEIVED JUL 18 1949  
District Health Officer NO. 91  
District File Number

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 *Sheldon Collier* .....

Licensed Embalmer No. *3382* .....

P. O. Address *10723 St. Charles Rd* .....

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.