

FILED SEP 6 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26604

State File No.

BIRTH NO. 48461-49 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 776

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>GREENE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>ROUTE 4 N. CAMPBELL TWP</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>GLADYS</u> b. (Middle) <u>MAE</u> c. (Last) <u>BISHOP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 28 49</u>					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>8-23-49</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 24 HRS. Days <u>5</u>	IF UNDER 1 MIN. Hours <u>5</u>	IF UNDER 1 MIN. Min. <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13a. FATHER'S NAME <u>FRANK TAYLOR BISHOP JR.</u>			13b. MOTHER'S MAIDEN NAME <u>MARY HOFFMAN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. BISHOP, SPBFLD, MO. RT. 4</u>			ADDRESS		
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>			INTERVAL BETWEEN ONSET AND DEATH		
			ANTECEDENT CAUSES 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>776A</u>		
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 <u>8-23</u> , 19 <u>49</u> , to <u>8-28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-27</u> , 19 <u>49</u> , and that death occurred at <u>12:15 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. Bellis, M.D.</u>			23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>8-28-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>29 AUG 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HAZELWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>8-29-49</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Thomas, Springfield, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

WAS NOT EMBALMED

Student Embalmer No. _____

working under my personal supervision.

Signed *Ralph H. Thorne*

Signed.....
Student Embalmer

Licensed Embalmer No. *3681*

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