

FILED OCT 3 1949
JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30045

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains, R.F.D. 694</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains, Howells Rt., Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Howells Rt.</u>	
3. NAME OF DECEASED a. (First) <u>Joseph</u> (Type or Print)		b. (Middle) <u>O.</u> c. (Last) <u>Bishop</u>	
5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	
8. DATE OF BIRTH <u>11-8-80</u>		9. AGE (In years, last birthday) <u>67</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>19</u> IF UNDER 24 HRS.: Hours <u>19</u> Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTHPLACE (State or foreign country) <u>Melbourne, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Asa Bishop</u>		13b. MOTHER'S MAIDEN NAME <u>Fuey Richardson</u>	
13c. NAME OF HUSBAND OR WIFE <u>Eva E. Bishop</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, note rank and grade) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Eva Bishop</u>		ADDRESS <u>West Plains, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</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. INTERVAL BETWEEN ONSET AND DEATH <u>002X</u>	
19a. DATE OF OPERATION <u>Oct 17 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u></u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>Oct 17 1949</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct 17 1949</u> and that death occurred at <u>10:45 p.m.</u> , from the causes and on the date stated above.			
23. SIGNATURE <u>Dr. W. W. Bennett</u>		23c. DATE SIGNED <u>12 July 49</u>	
24a. BURNAL, CREMATION, REMOVAL (Specify) <u></u>		24b. DATE <u>6-6-49</u>	
24c. NAME OF CEMETERY OR CREMATOR <u>Bennetts Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-30-49</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>		ADDRESS <u>West Plains, Mo.</u>	

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

001 2 1948

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 D. D. Robertson

Licensed Embalmer No. 3430

P. O. Address West Plains, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo
County of Newell SS.

State File No. 30045
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 26 day of September, 1949, before me appears Eva Bishop, who, upon her oath, states that the original record of her death for Joseph O Bishop died 6-4-1949, 19____, in the State of Missouri, and which was filed at West Plains, Mo, 19____, should be corrected as follows:

Item No. 8 should read Oct 15-1880

Instead of Oct-15-1879-

Item No. 9 should read 68 yrs - 7 mo's - 19 days

Instead of 69 yrs - 7 mo's - 19 days

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Eva E. Bishop My wife
Affiant Relationship
West Plains, Mo
Present Address.

Subscribed and sworn to before me this 30th day of September, 1949

My Commission expires 2-2-52 Paul J. Harlow Notary Public.

