

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4672

BIRTH NO. _____		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 3024		Registrar's No. 12					
1. PLACE OF DEATH a. COUNTY <u>Howard</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital 15 mi.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo.</u> b. COUNTY <u>Howard</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin mo</u> 0450 d. STREET ADDRESS (If rural, give location) <u>U</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Pendleton</u> c. (Last) <u>Bishop</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16 - 1950</u>		5. SEX <u>male</u> 6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>					
8. DATE OF BIRTH <u>Apr. 16 - 1868</u>		9. AGE (In years last birthday) <u>81</u> if UNDER 1 YEAR Months Days if UNDER 11 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>					
11. BIRTHPLACE (State or foreign country) <u>McClain Co. mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel Bishop</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Sharp</u>					
14. NAME OF HUSBAND OR WIFE <u>Howard</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>James H. Bishop</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Coronary Disease</u> 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>1 hr.</u> <u>4201</u>				19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES ☐ NO ☒		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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from <u>June 27, 1947</u> , to <u>Feb. 9, 1950</u> , that I last saw the deceased alive on <u>February 16, 1950</u> , and that death occurred at <u>12:30 P. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>W. J. Bloom</u> (Degree or title) <u>14 yr. Surgeon</u>				23b. ADDRESS <u>Fayette mo.</u>		23c. DATE SIGNED <u>2-18-50</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 18 - 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sulphur Springs</u>		24d. LOCATION (City, town, or county) (State) <u>New Franklin Rural mo.</u>					
DATE REC'D BY LOCAL REG. <u>2-19-50</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>R. L. Hall</u>		ADDRESS <u>New Franklin mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 28 - MAR 6 1950

District Health Officer No. 8,

District File Number.....

Date Filed 3-3-50

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.

Signed.....
Student Embalmer

Signed

R. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin 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.