

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25716

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 436

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><u>Saline</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).<br>a. STATE<br><u>Missouri</u> b. COUNTY<br><u>Saline</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><u>Marshall, Mo.</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><u>Marshall</u>  |  |
| c. LENGTH OF STAY (In this place)<br><u>19 Yrs.</u>  |  | d. STREET ADDRESS (If rural, give location)<br><u>617 East Gordon</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>617 East Gordon</u>                                    |  |  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>William</u> b. (Middle) <u>Washington</u> c. (Last) <u>Bishop</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>July 12 1950</u> |   |  |
| 5. SEX<br><u>Male</u>   |  | 6. COLOR OR RACE<br><u>White</u>                           |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  |  |
| 8. DATE OF BIRTH<br><u>July 17-1881</u>   |  | 9. AGE (In years last birthday)<br><u>68</u>               |  | 10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)<br><u>11 25</u>        |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farm Laborer</u>        |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Worked on Farm</u> |  | 11. BIRTHPLACE (State or foreign country)<br><u>Bonnots Mill-Missouri</u> |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |  |  |   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME<br><u>John Bishop</u> |  | 13b. MOTHER'S MAIDEN NAME<br><u>Ann Burchard</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Minnie E. Bishop</u> |  |
|--|--|--|--|--|--|

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No/ Yes Navy 1904-08</u> |  | 16. SOCIAL SECURITY NO.<br><u>497-26-1905</u> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Minnie E. Bishop-Marshall, Mo.</u> |  |
|---|--|---|--|---|--|

|  |  |  |  |  |  |                                  |  |
|--|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stomach Carcinoma</u>  |  | SCIRRHOUS CARCINOMA STOMACH  |  |  |  |                                  |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | 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>151X</u>                      |  |

|                        |  |                                  |  |   |  |
|------------------------|--|----------------------------------|--|---|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION |  | 20. AUTOPSY?<br>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 Jan 1930, to July 12, 1950, that I last saw the deceased alive on July 11, 1950, and that death occurred at 4 A.M., from the causes and on the date stated above.

|   |  |                                    |  |                                    |  |
|---|--|------------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE<br><u>James A. Reid M.D.</u> |  | 23b. ADDRESS<br><u>Marshall Mo</u> |  | 23c. DATE SIGNED<br><u>7-12-50</u> |  |
|---|--|------------------------------------|--|------------------------------------|--|

|  |  |                             |  |   |  |   |  |
|--|--|-----------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> |  | 24b. DATE<br><u>7/14/50</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Sunset Memorial Cem.</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>Marshall - Missouri</u> |  |
|--|--|-----------------------------|--|---|--|---|--|

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG.<br><u>July 13-1950</u> |  | REGISTRAR'S SIGNATURE<br><u>Budney J. Gray</u> 385 |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>J. Leslie Swanney Marshall Mo</u> |  |
|---|--|--|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 17 1951

JUL 17

RECEIVED JUN  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed JUL 17 '51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*J. Leal's Successor*

Licensed Embalmer No. 32350

P. O. Address. Marshall, Va

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.