

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29860

10-2-50

BIRTH NO. REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5331 Registrar's No. 48

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

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade 0290	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Cedar Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cedar Township 0	
c. LENGTH OF STAY (in this place) 58 yrs.		d. STREET ADDRESS (If rural, give location) Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 miles west Lockwood			

3. NAME OF DECEASED (Type or Print) a. (First) Arch b. (Middle) Albert c. (Last) Bishop			4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 28, 1950	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Hours Days	IF UNDER 48 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Coal Mine		11. BIRTHPLACE (State or foreign country) Dade County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jess Bishop	13b. MOTHER'S MAIDEN NAME Alma Clayton	14. NAME OF HUSBAND OR WIFE Joanna Bishop
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) W.W.I	16. SOCIAL SECURITY NO. 559-30-3354	17. INFORMANT'S SIGNATURE OR NAME Mrs. Joanna Bishop, Lockwood, Mo.	ADDRESS
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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) Dead when arrived		INTERVAL BETWEEN ONSET AND DEATH 7824
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Failure		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. W. Wain	(Degree or title) 3 Lockwood Mo	23b. ADDRESS	23c. DATE SIGNED 9/30/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 1, 1950	24c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery	24d. LOCATION (City, town, or county) (State) Dade Co. Mo.
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DATE REC'D BY LOCAL REG. 10-2-1950	REGISTRAR'S SIGNATURE Geo L. Weir 79	25. FUNERAL DIRECTOR'S SIGNATURE Clarence W. Childs	ADDRESS Lamar Mo.
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OCT 17 1950

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED OCT 9 1950
Dist. File 1050-2068
Date Filed 10-9-50

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

working under my personal supervision.

Student Embalmer No.....

Signed *Clarence McChela*

Signed.....
Student Embalmer

Licensed Embalmer No. *3473*

P. O. Address *James M. McChela*

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.