

FILED MAR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8331
State File No. _____
909 Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Prado Spgs.</u> <u>0201</u>	
c. LENGTH OF STAY (In this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>322 W. Marshall</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Kansas City, Mo</u>			

3. NAME OF DECEASED a. (First) <u>Christopher</u> b. (Middle) <u>Phallander</u> c. (Last) <u>Bishir</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 28, 1873</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Ranchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ranch</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>W. M. Bishir</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jane Woods</u>	14. NAME OF HUSBAND OR WIFE <u>*****</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Artie Sechler Lee's Summit</u> ADDRESS <u>MO</u>
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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) <u>Coronary Artery Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arricular Fibrillation</u>			<u>1 week</u>
	DUE TO (c) <u>Multiple Arterial Emboli</u>			<u>1 day</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 Feb. 25, 1951, to Feb. 26, 1951, that I last saw the deceased alive on Feb. 26, 1951, and that death occurred at 9 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Graham Asher MD</u> (Degree or title)	23b. ADDRESS <u>1220 Professional Bldg. Kansas City 6-Mo</u>	23c. DATE SIGNED <u>2-27-51</u>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>Feb. 28 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit</u>	24d. LOCATION (City, town, or county) (State) <u>Lee's Summit Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-28-51</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Johnson</u> ADDRESS <u>Lee's Summit, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

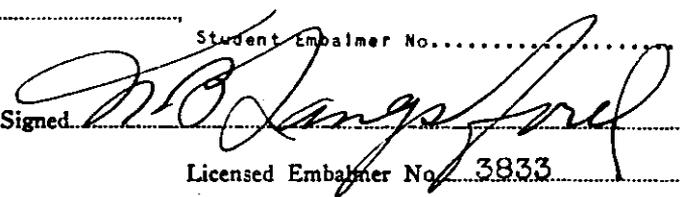
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....



Signed.....
Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, Misso

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.