

BIRTH NO. 73221-50 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5930 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hughesville rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hughesville rural</u> <u>0800</u>	
c. LENGTH OF STAY (in this place) <u>2 months</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1-8 mi. north Hughesville</u>			

3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>ALBERT</u> c. (Last) <u>BISHOP</u>			4. DATE OF DEATH <u>March 24, 1951</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>Nov. 21, 1950</u>	9. AGE (In years last birthday) <u>4</u> Months <u>3</u> Days <u>5</u>	IF UNDER 1 YEAR Hours <u> </u> Min. <u> </u>	IF UNDER 24 HRS. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Howard County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Raymond Bishop</u>	13b. MOTHER'S MAIDEN NAME <u>Cora Edna Dodson</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) <u>NO</u> (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Bishop</u> ADDRESS <u>1-8 mi. north Hughesville,</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia by asphyxiating</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (c) <u>Pulmonary atelectasis</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)	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~~ ^{VIEWED} the deceased from As Coroner, 10, that I last saw the deceased alive on , 10, and that death occurred at 12:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. Gordon Stearns, M.D. Coroner, Pettis Co.</u>	23b. ADDRESS <u> </u>	23c. DATE SIGNED <u>3-24-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/25/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sulphur Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Rural, Howard County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/24/51</u>	REGISTRAR'S SIGNATURE <u> </u>	25. FUNERAL DIRECTOR'S SIGNATURE <u> </u> ADDRESS <u>Sodalia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 4-2-51

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

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working under my personal supervision.

Student Embalmer No.

Signed

G. E. Baker

Signed

Student Embalmer

Licensed Embalmer No. 2419

P. O. Address

Seclah Mrs.

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.