

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 30.43

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Madison</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Montgomery</u> | |
| b. CITY OR TOWN <u>Hannibal</u> | | c. CITY OR TOWN <u>Wellsville MO</u> | |
| c. LENGTH OF STAY (in this place) <u>1 day</u> | | d. STREET ADDRESS (If rural, give location) <u>Hannibal Road</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth</u> | | | |

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|--|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LaFayette</u> b. (Middle) <u>C.</u> c. (Last) <u>Bishop</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 25 1951</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | |
| 8. DATE OF BIRTH <u>Feb 26 1879</u> | | 9. AGE (In years last birthday) <u>72</u> | | 10. MONTHS <u>03</u> DAYS <u>29</u> HOURS <u>0</u> MIN. <u>0</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Wood Work</u> | | 11. BIRTHPLACE (State or foreign country) <u>Kenon Co Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | | | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>John Bishop</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emma Fisher</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Raymond A Bishop</u> ADDRESS <u>Medico Mo</u> | |

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|--|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cardiac Thrombosis</u> | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>7 weeks</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ | | 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>Arteriosclerosis</u> | | _____ | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? 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) (Min.) _____ | | 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 May 20, 1951, to May 25, 1951, that I last saw the deceased alive on May 25, 1951, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

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|---|--|--|--|--|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>med</u> | | 23b. ADDRESS <u>Hannibal Mo</u> | | 23c. DATE SIGNED <u>May 25-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 28-1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City Cem</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Wellsville Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>5/25/51</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Wellsville Mo</u> | |

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

644
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RECEIVED JUN 1 1951
MARION CO. HEALTH DEPT.
DATE FILED JUN 5 1951

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, ~~only~~

working under my personal supervision.

Student Embalmer No. 1

Signed.....
Student Embalmer

Signed F B Kelly

Licensed Embalmer No. 1588

P. O. Address Wellsdale 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.