

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19687

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write BUREAU and give township) <u>Excelsior Springs</u>	c. LENGTH OF STAY (in this place) <u>35 yrs</u>	c. CITY (If outside corporate limits, write BUREAU and give township) <u>Excelsior Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>118 So. Liberty 0242</u>	

3. NAME OF DECEASED a. (First) <u>PAUL</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>BISBY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 13, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 19, 1901</u>	9. AGE (In years if under 1 year last birthday) Months Days Hours Mins. <u>50 3 24</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mining</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>Charles Bisby</u>	13b. MOTHER'S MAIDEN NAME <u>Ella M. Mussy</u>	14. NAME OF HUSBAND OR WIFE <u>Florence S. Bisby</u>
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no or unknown) (If yes, give war or year of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-09-0396</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Florence Bisby, Excelsior Springs Mo. 118 So. Liberty St.</u>

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>Cerebral wound Rt Temple</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES As for 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hospital yard</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Excelsior Springs Clay, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-13-51 - m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Gunshot wound - rt temple</u>

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 <u>O. L. Pate and Coroner</u>	(Degree or title)	23b. ADDRESS <u>North Kansas City, Mo.</u>	23c. DATE SIGNED <u>6/15/51</u>
---	-------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-15-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawson Cemetery Lawson, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Lawson, Mo.</u>
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>6/15/51</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchingsland</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Richard, Excelsior Springs Mo.</u>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

1961 08 27 11:37

1961 08 27

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

Carl Rapp

Signed.....

Student Embalmer

Licensed Embalmer No. *3458*

P. O. Address *Excelsior Springs,*

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.