

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 22 1951

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Kernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>Mo 22 days</u>		d. STREET ADDRESS (If rural, give location) <u>2424 North Range Line</u>	
d. TOWN <u>0495</u>		e. ADDRESS <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <u>Almedia</u> b. (Middle) <u>Bishop</u> c. (Last) <u>Bishop</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 7 1951</u>	
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5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-22-1871</u>	9. AGE (In years) (last birthday) <u>80</u> (Months) <u>9</u> (Days) <u>6</u> (Hours) <u>18</u> (Mins.) <u>30</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Crawford County, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Merion F Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Lara Jane Moch</u>	14. NAME OF HUSBAND OR WIFE <u>Clifford Bishop</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital # 3 Nevada Mo</u> 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u>		<u>5 years</u>
	DUE TO (c) <u>Age</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Psychosis</u>		<u>4 Months</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 8-15, 1951 to 10-7, 1951, that I last saw the deceased alive on 10-7, 1951, and that death occurred at 6:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>George H. Keeler Nelson M.D.</u> (Degree or title)	23b. ADDRESS <u>State Hospital # 3 Nevada Mo</u>	23c. DATE SIGNED <u>10-7-1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-9-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Schieffeld</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>10-9-1951</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Edgerney</u> ADDRESS <u>Grand Kansas</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

RECEIVED, OCT 15 1951

Dist. File 1227-1814

Date Filed 10-17-51

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 _____

working under my personal supervision.

Student Embalmer No. 70

Signed Walter Ed Darden

Signed.....
Student Embalmer

Licensed Embalmer No. 2437

P. O. Address Wood Kassar

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.