

STANDARD CERTIFICATE OF DEATH

State File No. **38567**

FILED DEC 7 1951

BIRTH NO.

REG. DIST. NO. **314**PRIMARY REG. DIST. NO. **4408**Registrar's No. **5-8**

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) Collins		c. CITY (If outside corporate limits, write RURAL and give township) Collins	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Amos		b. (Middle) H.	
		c. (Last) Bishop	
4. DATE OF DEATH (Month) (Day) (Year) 11-19-51		5. SEX M	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 7 1869		9. AGE (In years last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Louisville, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Bishop		13b. MOTHER'S MAIDEN NAME Amanda Petigo	
14. NAME OF HUSBAND OR WIFE Mary Bishop		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -	
16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Bishop, Collins Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile. ANTECEDENT CAUSES Morbidity 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 794X	
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)		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 Feb 1 , 1949, to 11-19 , 1951, that I last saw the deceased alive on 11-19 , 1951, and that death occurred at 12:20 Am. , from the causes and on the date stated above.			
23a. SIGNATURE D. E. J. Brown		23b. ADDRESS Collins Mo.	
23c. DATE SIGNED 11-20-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-21-51	
24c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery		24d. LOCATION (City, town, or county) (State) Humansville, Mo.	
DATE REC'D BY LOCAL REG. 11-21-51		REGISTRAR'S SIGNATURE Paul Seever	
25. FUNERAL DIRECTOR'S SIGNATURE Primm Funeral Home, Humansville Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 6 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 6 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed O. H. Beckwith

Licensed Embalmer No. 3927

P. O. Address Humansville 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.