S. No. 300
v. 10.48

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

FILED MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5699 State File No. 13526

BIRTH NO. _____ REG. DIST. NO. 787 PRIMARY REG. DIST. NO. 5700 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: LIVINGSTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avalon, Fair View Twp
c. LENGTH OF STAY (In this place): 12 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Mrs J.A. Patterson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avalon, 0590
d. STREET ADDRESS (If rural, give location): RFD 2 M.NW Avalon.

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): JANE
c. (Last): BISHOP

4. DATE OF DEATH (Month) (Day) (Year): May 1st, 1952

5. SEX: F
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed, 2
8. DATE OF BIRTH: May 4th, 1861
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months 11 Days 27 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Livingston Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robert Chittick
13b. MOTHER'S MAIDEN NAME: Esther ?????
14. NAME OF HUSBAND OR WIFE: Ward S. Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Wm Bishop, Grabdview, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Aortic insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 40 yrs

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4211
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 27, 1952, *to* May 1, 1952 *that I last saw the deceased alive on* May 1, 1952, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G W Carpenter MD
23b. ADDRESS: Chillicothe Mo
23c. DATE SIGNED: 5-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/4/1952
24c. NAME OF CEMETERY OR CREMATORY: Burnside
24d. LOCATION (City, town, or county) (State): Avalon, Missouri

DATE REC'D BY LOCAL REG.: 5-2-52
REGISTRAR'S SIGNATURE: Frances B Neill
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Clifford W. Austin, Tina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 25 1958

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 Clifford W. Justice

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.