

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21530**

FILED JUL 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wabash Employes' Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b> <span style="float: right;">0683</span>	
		d. STREET ADDRESS (If rural, give location) <b>701 Vincil Street</b> <span style="float: right;">0</span>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <b>LESLIE</b>	b. (Middle) <b>EUGENE</b>	c. (Last) <b>BISHOP</b>	<b>July 3, 1952</b>			
5. SEX <b>Male</b> <span style="float: right;">0</span>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4/18/1882</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>15</b>	IF UNDER 24 Hrs. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Conductor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (State or foreign country) <b>Mo</b> <span style="float: right;">0</span>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>Fount Bishop</b>	13b. MOTHER'S MAIDEN NAME <b>Annie P. Armstrong</b>	14. NAME OF HUSBAND OR WIFE <b>Ethel</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>703-01-1187</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs L.E. Bishop, Moberly, Mo.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		<b>About</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardiovascular Disease</b> DUE TO (c)		<b>1 week</b>
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 <b>4201</b>	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) (Min.)	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 June 30, 1952, to July 3, 1952, that I last saw the deceased alive on         , 19         and that death occurred at 9:05 P m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Wabash Employes' Hospital Moberly, Missouri</b>	23c. DATE SIGNED <b>7/3/52</b>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <b>7 5th-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>	24d. LOCATION (City, town, or county) (State) <b>Moberly, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-5-52</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mahan and Son, Moberly, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 Frank S D West

Licensed Embalmer No. 3021

P. O. Address Mobily, 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.