

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **31289**  
**835**

FILED SEP 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>835</u>	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b> <u>0326</u>		d. STREET ADDRESS (If rural, give location) <b>929 S. Missouri</b> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>929 S. Missouri</b>				d. STREET ADDRESS (If rural, give location) <b>929 S. Missouri</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LEMUEL</b>			b. (Middle) <b>ADDISON</b>			c. (Last) <b>BISHOP</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 12 1952</b>							
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>22 Feb. 1877</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Month   Day	IF UNDER 1 HRS. Hour   Min.	
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <b>Traveling Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Addison Bishop</b>			13b. MOTHER'S MAIDEN NAME <b>Bigbee</b>		14. NAME OF HUSBAND OR WIFE <b>Nexie Bishop</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war number of service) <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Nexie Bishop Springfield, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Heart Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senile Dementia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b> <b>10 years</b> <b>1 year</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>443X</b>				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) (Min.)		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 <u>June 1947</u> , to <u>Sept 12, 1952</u> , that I last saw the deceased alive on <u>Sept 11, 1952</u> , and that death occurred at <u>5:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Therese O. Dykes M.D.</b>				23b. ADDRESS <b>Springfield, Mo</b>		23c. DATE SIGNED <b>9-13-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-14-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maple Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9-15-52</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson Deputy</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.W. KLINGNER &amp; CO. SPRINGFIELD, MO.</b>			

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

0396

**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 C. G. Stone Jr.

Licensed Embalmer No. 4026

P. O. Address Springfield

**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.