

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32654**

FILED OCT 6 1952

BIRTH NO. _____ REG. DIST. NO. **305** PRIMARY REG. DIST. NO. **4452** Registrar's No. **37**

920

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

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) Wenterville		c. LENGTH OF STAY (in this place) 3 mos	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) Wenterville	
		d. STREET ADDRESS (If rural, give location) J	

3. NAME OF DECEASED (Type or Print) a. (First) WALTER AN b. (Middle) FREDERICK c. (Last) BISHOP			4. DATE OF DEATH (Month) (Day) (Year) Sept 18 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		8. DATE OF BIRTH Sept 16 1870	
				9. AGE (In years last birthday) 82	
				11. BIRTHPLACE (City and State or Foreign Country) Warren County Mo	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Thaddeus Bishop		13b. MOTHER'S MAIDEN NAME Nancy Garrison		14. NAME OF HUSBAND OR WIFE	
--	--	--	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Thaddeus Bishop Wenterville Mo	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral apoplexy		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy				INTERVAL BETWEEN ONSET AND DEATH 10 hours	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis 1 year					
		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 334X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **July 19 1952** to **Sept 18 1952**, that I last saw the deceased alive on **9/18/52**, 19**52**, and that death occurred at **9 30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A.C. Mc Murray MD		23b. ADDRESS Wenterville, Mo		23c. DATE SIGNED 9/18/52	
--	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 23 1952		24c. NAME OF CEMETERY OR CREMATORY Central Grove Cem		24d. LOCATION (City, town, or county) (State) Warren County Mo	
--	--	----------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG Sept 25 1952		REGISTRAR'S SIGNATURE W. P. Huff		25. FUNERAL DIRECTOR'S SIGNATURE Wayne Mc Roy Troy Mo		ADDRESS	
--	--	--	--	---	--	---------	--

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 Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Troy 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.