

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 18476
Registrar's No. 65

FILED MAY 19 1953

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244

1. PLACE OF DEATH
a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jasper

490
1

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cartersville c. LENGTH OF STAY (in this place) 1 yr

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cartersville 0490

d. FULL NAME OF HOSPITAL OR INSTITUTION 208 Cass St

d. STREET ADDRESS (If rural, give location) 208 Cass St

3. NAME OF DECEASED
a. (First) LOREN b. (Middle) LOYD c. (Last) BISHOP

4. DATE OF DEATH (Month) (Day) (Year) May 10-1953

5. SEX 0 male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH April 11, 1884

9. AGE (In years last birthday) 69

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer.

10b. KIND OF BUSINESS OR INDUSTRY farming

11. BIRTHPLACE (City and State or Foreign Country) Jasper County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles Bishop

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE Beulah Bratton Bishop

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 Mrs. L.L. Bishop, 208 Cass, Cartersville

ADDRESS 208

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Coronary Occlusion*

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. *Generalized Arteriosclerosis*

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 4201

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) (Min)

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 *Nov 27, 1953* to *May 10, 1953*, that I last saw the deceased alive on *May 10, 1953*, and that death occurred at *3 a* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *James V. Slakerty, MD.*

23b. ADDRESS Cartersville, Mo

23c. DATE SIGNED 5-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 5-13-1953

24c. NAME OF CEMETERY OR CREMATORY Park Cemetery

24d. LOCATION (City, town, or county) (State) Carthage, Mo

DATE REC'D BY LOCAL REG. 5-10-'53

REGISTRAR'S SIGNATURE *Mrs. Madeline Switzer*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo

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

RECEIVED 5-18-53
Jasper County Health Office

County File Number 53-5-421

Date Filed 5-18-53

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

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.