

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21370

State File No. \_\_\_\_\_

FILED JUN 22 1953

REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3027 Registrar's No. 85

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3027</u>		Registrar's No. <u>85</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Bourbon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany, Mo.</u>		c. LENGTH OF STAY (In this place) <u>1 1/2</u> hours		c. CITY (If outside corporate limits, write RURAL and give township) <u>Uniontown, Kansas</u>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethany Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>---</u>			
3. NAME OF DECEASED (Type or Print) <u>Glenn Lewis Bishard</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>June 16, 1953</u>		4. DATE (Month) (Day) (Year)		4. DATE OF DEATH <u>June 16, 1953</u>		4. DATE OF DEATH <u>June 16, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 12, 1907</u>	
9. AGE (In years less birthday) <u>45</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.		9. AGE (In years less birthday) <u>45</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inspector National Gypsum Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Fort Scott, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Dudley Bishard</u>		13b. MOTHER'S MAIDEN NAME <u>Wilda Conner</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Marie Bishard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>513-32-8170</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Marie Bishard</u> ADDRESS <u>Uniontown, Kansas</u>			
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) <u>Shock</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile accident</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Preliminary edema to mortuage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>  <u>2 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>041</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cagleville Harrison Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 16 1953</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car wreck</u>			
22. I hereby certify that I attended the deceased from <u>6-16, 1953</u> , to <u>6-16, 1953</u> , that I last saw the deceased alive on <u>6-16, 1953</u> , and that death occurred at <u>12:25 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. F. Boyer M.D.</u> (Degree or title)				23b. ADDRESS <u>Bethany Mo</u>		23c. DATE SIGNED <u>6/16/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Uniontown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Uniontown, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>6/17/53</u>		REGISTRAR'S SIGNATURE <u>Zola Burrell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pattonsburg, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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JUN 24 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 *Lucia Rust*

Licensed Embalmer No. *4096*

P. O. Address *Patterson, N.J.*

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.