

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24577

State File No. ....

FILED JUL 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. 18

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Howell</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Willow Springs</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Willow Springs, Mo.</u>  |  |
| c. LENGTH OF STAY (in this place) <u>2 wks.</u>  |  | d. STREET ADDRESS (If rural, give location) <u>Home</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  |  |  |

|                                     |                         |                           |                        |                                       |
|-------------------------------------|-------------------------|---------------------------|------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Mable</u> | b. (Middle) <u>Bishop</u> | c. (Last) <u>McCoy</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
|                                     |                         |                           |                        | <u>July 19 1953</u>                   |

|                      |                               |   |                                      |   |  |   |
|----------------------|-------------------------------|---|--------------------------------------|---|--|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Jan. 7. 1883</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u> | IF UNDER 10 HRS. Hours <u></u> Min. <u></u> |
|----------------------|-------------------------------|---|--------------------------------------|---|--|---|

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Lowell, Arkansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|-----------------------------------|---|--|

|  |  |                             |
|--|--|-----------------------------|
| 13a. FATHER'S NAME <u>Isaac Bishop</u> | 13b. MOTHER'S MAIDEN NAME <u>Emma Mann</u> | 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) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Everett Hanson</u> | ADDRESS <u>3664 Madison, Kansas City, Mo.</u> |
|--|-------------------------|--|---|

|  |  |             |   |
|--|--|-------------|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |             | INTERVAL BETWEEN ONSET AND DEATH <u>ABOUT TWO YEARS</u> |
|  | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA SIGMOID COLON METASTATIC</u>   |             |   |
|  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b)<br><br>DUE TO (c) |             |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  | <u>153X</u> |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) (m.) | 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 7/6, 1953, to 7-19-53, 1953, that I last saw the deceased alive on 7-19-53, 1953, and that death occurred at 9:55P.m., from the causes and on the date stated above.

|  |   |                                 |
|--|---|---------------------------------|
| 23a. SIGNATURE <u>M.B. Perkins</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Willow Springs, Mo.</u> | 23c. DATE SIGNED <u>7-20-53</u> |
|--|---|---------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-20-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Willow Springs, City</u> | 24d. LOCATION (City, town, or county) (State) <u>Willow Springs, Mo.</u> |
|---|--------------------------|--|--|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| DATE REC'D BY LOCAL REG. <u>July 20, 1953</u> | REGISTRAR'S SIGNATURE <u>Mable Bishop</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Burns Funeral Home</u> | ADDRESS <u>Willow Spgs., Mo.</u> |
|---|---|--|----------------------------------|

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

461

AUG 17 1953

**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.

*Fred W. Barnes*

Student .....

Signed Fred W. Barnes

Student Embalmer

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.