

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43528

State File No.

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5677 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural-Burr Oak</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-BURR OAK TOWNSHIP</u>	
c. LENGTH OF STAY (in this place) <u>11 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>3 mile west of FOLEY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mile west of FOLEY</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>EMMAINE</u> c. (Last) <u>BISHOP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 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>SEPT. 17, 1878</u>			9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>
11. BIRTHPLACE (State or foreign country) <u>Callaway County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE	

13a. FATHER'S NAME <u>CHARLES DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Philip Bishop - deceased</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessie Ferguson - Foley, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio - Vascular - Renal Disease</u>			<u>15 yrs</u>
		DUE TO (c) _____			
		11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Debility of Age</u>			<u>75 yrs old</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOBPSY? 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) _____		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 Dec 18, 1953, to Dec 19, 1953 that I last saw the deceased alive on Dec 19, 1953, and that death occurred at 7:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank L. Sutton</u>		(Degree or title) <u>DO</u>		23b. ADDRESS <u>Trinidad, Mo.</u>	
23c. DATE SIGNED <u>12/20/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/22/53</u>			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Dec. 30 - 1953 Emma B. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>162 E. Liberty - ELSBERRY Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0570

0570

was embalmed

STATEMENT BY LICENSED EMBALMER

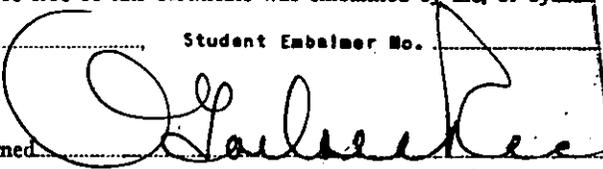
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4012

P. O. Address Elsberry, Mo. (Failure

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.