

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

R. W. Rattan  
State File No. **15432**

FILED JUN 11 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **102** PRIMARY REG. DIST. NO. **4174** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cardwell</b>		c. CITY OR TOWN <b>Cardwell</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>at home</b>		e. STREET ADDRESS (If rural, give location) <b>0305</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Franklin</b> c. (Last) <b>Bishop</b>			4. DATE OF DEATH <b>April 5, 1954</b> (Month) (Day) (Year)		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>Dec. 14, 1870</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Cotton Hill, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>King Bishop</b>	13b. MOTHER'S MAIDEN NAME <b>Mandy</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Frank Bishop, Cardwell, Missouri</b>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <b>4201</b>	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 **11-10**, 19**53**, to **4-5**, 19**54**, that I last saw the deceased alive on **4-5**, 19**54**, and that death occurred at **12:15a** m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. W. Rattan</b> (Degree or title) <b>MO</b>	23b. ADDRESS <b>Manassas, Ark.</b>	23c. DATE SIGNED <b>4-29-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>4-7-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cardwell</b>
		24d. LOCATION (City, town, or county) (State) <b>Cardwell, Missouri</b>

DATE REC'D BY LOCAL REG. <b>5-27-54</b>	REGISTRAR'S SIGNATURE <b>Hubert A. Bishop</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mitchell Funeral Home</b>	ADDRESS <b>Paragould, Arkansas</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

APR 14 1954

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 6-7-54 .....  
COUNTY FILE NUMBER 654-167

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 Randal L. Mitchell Student Embalmer No. 313 working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed Randal L. Mitchell

Licensed Embalmer No. 373

P. O. Address Paragoula

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.