No. 300
10-48

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22263

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 205

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton Mo
c. LENGTH OF STAY (in this place): 4 y 8 Mo 15 Da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital #1, Fulton Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN: Montgomery City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): D. K. 1 07 00 1

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): J.
c. (Last): BISHOP

4. DATE OF DEATH (Month) (Day) (Year): July 19, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 1, 1873
9. AGE (In years last birthday): 80 — If under 1 year: Months 7, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Jefferson Bishop
13b. MOTHER'S MAIDEN NAME: Sarah Earnest
14. NAME OF HUSBAND OR WIFE: D. K.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): D. K.
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Records of State Hospital #1 — ADDRESS: Fulton Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

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. Generalized Arteriosclerosis Mary Jones

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: 491 X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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): none m.
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* Sept 17, 1953, *to* July 19, 1954, *that I last saw the deceased alive on* July 19, 1954, *and that death occurred at* 9:00 p m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank J. Nichols, M.D.
23b. ADDRESS: State Hospital #1, Fulton, Mo
23c. DATE SIGNED: 7-19-1954

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 7-22-54
24c. NAME OF CEMETERY OR CREMATORY: Montgomery City
24d. LOCATION (City, town, or county) (State): Montgomery City Mo

DATE REC'D BY LOCAL REG.: July-19-1954
REGISTRAR'S SIGNATURE: Maretta Lawrence 4-6-
25. FUNERAL DIRECTOR'S SIGNATURE: [signature]
ADDRESS: Montgomery City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, ~~XXXX~~ on the 19 th day of July 1954, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 1487

P. O. Address Montgomery C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.