

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26676

State File No.

FILED AUG 17 1954

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY

Dade

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Rural South twpc. LENGTH OF
STAY (in this place)
yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Mo

b. COUNTY

Dade

c. CITY
OR
TOWN So. Greenfield Mod. Is Residence within limits of
a city or incorporated town?
Yes ☐ No ☒d. FULL NAME OF
HOSPITAL OR
INSTITUTION 6mi s.e. So. Greenfield MoSTREET
ADDRESS

(If rural, give location)

6mi s.e. So Greenfield Mo 0290

3. NAME OF
DECEASED
(Type or Print)

a. (First)

Erma

b. (Middle)

Rosaline

c. (Last)

Bishop

4. DATE

(Month)

(Day)

(Year)

OF
DEATH

Aug 8 1954

5. SEX

F

6. COLOR OR RACE

W

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)
never married

8. DATE OF BIRTH

Aug. 25, 1879

9. AGE (In years
last birthday)

74

IF UNDER 1 YEAR

Months

11

IF UNDER 24 HRS.

Days

14

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Editor

10b. KIND OF BUSINESS OR IN-
DUSTRY

Christian publication

11. BIRTHPLACE

(City and State or Foreign Country)

Dade co Mo.

12. CITIZEN OF WHAT
COUNTRY?

usa

13a. FATHER'S NAME

Thomas Bishop

13b. MOTHER'S MAIDEN NAME

Clementine Bishop

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY
NO.

17. INFORMANT'S SIGNATURE OR NAME

ADDRESS

Lucy Rountree So Greenfield 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, ashenia,
etc. It means the dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbidity 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.INTERVAL BETWEEN
ONSET AND DEATH19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

163X

20. AUTOPSY?

YES ☐ NO ☒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 ☐ NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-19, 1954, to 8-8, 1954, that I last saw the deceased
alive on 8-8, 1954, and that death occurred at 1:25p m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

8-12-54

24c. NAME OF CEMETERY OR CREMATORY

Pennsboro

24d. LOCATION (City, town, or county)

Dade Co Mo.

(State)

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

8-14-54

J. C. Canada

Allison Funeral Home Greenfield Mo.

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.....
Signature of Student Embalmer

Signed *W. R. Allison*

Licensed Embalmer No. *4408*

P. O. Address *Greenfield*

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.