

No. 30
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38120

State File No.

FILED DEC 14 1954

BIRTH NO. REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 582 Registrar's No.

1. PLACE OF DEATH
a. COUNTY NEW MADRID.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY NEW MADRID.

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BIG PRAIRIE TOWNSHIP c. LENGTH OF STAY (in this place) 4-5 YEARS

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BIG PRAIRIE TOWNSHIP

d. FULL NAME OF HOSPITAL OR INSTITUTION

d. STREET ADDRESS (If rural, give location) 2 1/2 MILES S. W. MATTHEWS JUNCT.

3. NAME OF DECEASED
a. (First) Eddie b. (Middle) Bishop, JR c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) DEC-5-54

5. SEX M. 6. COLOR OR RACE COLORED

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

8. DATE OF BIRTH Nov-29-1899

9. AGE (in years) (last birthday) 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) HINZE, CO. MISS.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Eddie Bishop, SR.

13b. MOTHER'S MAIDEN NAME MATTIE MOSS

14. NAME OF HUSBAND OR WIFE ANNIE BISHOP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. No.

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Annie Bishop Matthews, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glomerulo Nephritis, chronic
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.

INTERVAL BETWEEN ONSET AND DEATH
2-3 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 592X

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)

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 July, 1954, to Nov, 1954, that I last saw the deceased alive on Nov, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles E. Keiser, M.D.

23b. ADDRESS New Madrid, Mo

23c. DATE SIGNED 12 Dec 54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE DEC-9-1954

24c. NAME OF CEMETERY OR CREMATORY SAND HILL

24d. LOCATION (City, town, or county) (State) NEW MADRID MO.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Dec. 10-1954 Hay Hedgepeth

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Richard, Unatco, New Madrid, Mo

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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Jimmy L. Roberts

Licensed Embalmer No. *4884*

P. O. Address *New Madrid, 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.