

FILED APR 5 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

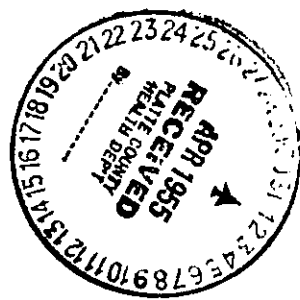
State File No. 9119

BIRTH NO. _____		REG. DIST. NO. <u>180</u>		PRIMARY REG. DIST. NO. <u>4423</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Platte</u> <u>0830</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u> <u>0830</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Weston</u>		c. LENGTH OF STAY (in this place) <u>12 years</u>		c. CITY OR TOWN <u>Weston</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Y. A. H. A.</u>				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charles</u>		b. (Middle) <u>Edgar</u>		c. (Last) <u>Bishop</u>	
4. DATE OF DEATH		(Month) <u>March</u>		(Day) <u>25</u>		(Year) <u>1955</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 19, 1870</u>	9. AGE (In years last birthday) <u>84</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>Sweet Home, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					
13a. FATHER'S NAME <u>Elizah W. Bishop</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Larmer</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Inez Plummer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. E. Bishop</u> ADDRESS <u>Weston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Paralysis agitans</u> <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 mo</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		151 X	
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) (Min.)		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 <u>Dec 11, 1954</u> to <u>Mar. 25, 1955</u> , that I last saw the deceased alive on <u>Mar. 25, 1955</u> , and that death occurred at <u>10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. J. Selling</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Weston, Mo.</u>		23c. DATE SIGNED <u>3-26-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-28-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-26-55</u>		REGISTRAR'S SIGNATURE <u>Alphie Rollins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Vaughn Funeral Home</u> ADDRESS <u>Weston, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 4 1956



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. Vaughn

Licensed Embalmer No. 402

P. O. Address Weston

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.