

FILED APR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 12571BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 5679 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: <input type="checkbox"/> <u>Residence</u> <input type="checkbox"/> <u>Institution</u>) a. STATE <u>MO</u> b. COUNTY <u>MO</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>New Boston</u>	c. LENGTH OF STAY (In this place) <u>80 yrs</u>	c. CITY OR TOWN <u>New Boston,</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ---		17. STREET ADDRESS (If rural, give location) <u>0580</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wickie</u> b. (Middle) _____ c. (Last) <u>Bishop</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1955</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb. 10, 1875</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>80</u> <u>2</u> <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Boston, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Asmus Yochim</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Hasler</u>		14. NAME OF HUSBAND OR WIFE <u>Vinzen Bishop, deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lena Nowak, New Boston, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute Coronary dilatation</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary dilatation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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. <u>Hypertension</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Minute)		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 April 13, 1955, to April 13, 1955, that I last saw the deceased alive on April 13, 1955, and that death occurred at 7:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>J.P. McCarty</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Browning, Mo.</u>		23c. DATE SIGNED <u>4/14/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 15, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Boston Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Boston, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>4/18/1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. Budie Kelley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Larson Funeral Service, Bucklin, Mo.</u>	
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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..... *E. A. Larson*

Licensed Embalmer No. 4037

P. O. Address Bucklin, Miss

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.