

## STANDARD CERTIFICATE OF DEATH

State File No. **19318**FILED JUL 11 1955 BIRTH NO. REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **5663** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lewis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lyon Twp</b>		c. CITY OR TOWN	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>0560</b>
c. LENGTH OF STAY (in this place) <b>Years</b>		e. STREET ADDRESS (If rural, give location) <b>Louis Co. Lyon Twp</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <b>Walter</b> b. (Middle) <b>Edwin</b> c. (Last) <b>Bischoff</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7-2-55</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 23-1870</b>
9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Farmer Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Morgantown W. Virginia</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Ezra Bischoff</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Coumbe</b>		14. NAME OF HUSBAND OR WIFE <b>Solo Carlisle</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>✓</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Roy Bishop Williamstown</b>	

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) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Stroke</b>	

22. I hereby certify that I attended the deceased from **July 12, 1955**, to **July 2, 1955**, that I last saw the deceased alive on **July 2, 1955**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. C. E. Todd M.D.</b>		23b. ADDRESS <b>Williamstown Mo</b>		23c. DATE SIGNED <b>7/7/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-4-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Croixdeuse Cove</b>	
24d. LOCATION (City, town, or county) (State) <b>Lewis Co. Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred J. Karle, Kahoka, Mo</b>		ADDRESS	
DATE REC'D BY LOCAL REG. <b>7-6-55</b>		REGISTRAR'S SIGNATURE <b>P. W. Jennings, M.D.</b>			

**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.....  
*Fred J. Karl*

Licensed Embalmer No. *102*

P. O. Address *Kahon*

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