

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21529

BIRTH NO. _____		REG., DIST. NO. 72		PRIMARY REG. DIST. NO. 3013		Registrar's No. 50			
1. PLACE OF DEATH a. COUNTY CLAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO				b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN No KC. Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN No. K.C.		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 2001 FAYETTE				STREET ADDRESS (If rural, give location) 2113 FAYETTE					
3. NAME OF DECEASED (Type or Print) a. (First) FRANCIS b. (Middle) Lyle c. (Last) Bishop			4. DATE OF DEATH (Month) (Day) (Year) July 10-55						
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never		8. DATE OF BIRTH Nov 9-1896		9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, or if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY N.K.A.		11. BIRTHPLACE (City and State or Foreign Country) RANDOLPH ILL		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Charles W Bishop			13b. MOTHER'S MAIDEN NAME Kate Condon			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WWI		16. SOCIAL SECURITY NO. 486-01-3833		17. INFORMANT'S SIGNATURE OR NAME Joe MARCH		ADDRESS Troy 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4201				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE D. J. Pate and Christine			23b. ADDRESS 3 North Kansas St.			23c. DATE SIGNED July 10-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 12-55	24c. NAME OF CEMETERY OR CREMATORY Mt. Cullough Cem		24d. LOCATION (City, town, or county) Triplet, Mo				
DATE REC'D BY LOCAL REG. 7-11-55		REGISTRAR'S SIGNATURE Marguerite Hudson 494		25. FUNERAL DIRECTOR'S SIGNATURE W. E. Newton		ADDRESS 532 N.K.C. Mo. 64106			

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

JUL 14 1934

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..... *John Walsbeck*

Licensed Embalmer No. 494
P. O. Address *No. Kansas*

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.