

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37590**

BIRTH NO.		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 3047		Registrar's No. 114		
1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton				
b. CITY (If outside corporate limits, write RURAL and give township) Neosho		c. LENGTH OF STAY (in this place) 13 yrs.		c. CITY OR TOWN Neosho		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 920 N. Lincoln St.				STREET ADDRESS (If rural, give location) 920 N. Lincoln St.				
3. NAME OF DECEASED (Type or Print) a. (First) Dwight			b. (Middle) R.		c. (Last) Bishop		4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 31, 1879		9. AGE (In years last birthday) 76	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). Businessman, retired Restaurant owner		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Garden City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Dwight L. Bishop		13b. MOTHER'S MAIDEN NAME Nam Sexson Nam		14. NAME OF HUSBAND OR WIFE Nellie B. 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. 491-36-3333		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nellie B. Bishop Neosho, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion 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. 4201						INTERVAL BETWEEN ONSET AND DEATH Sudden 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)		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 Jan 1, 1955 to 11/1 , 1955, that I last saw the deceased alive on Nov. 1, 1955 , and that death occurred at 5:45 P.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Dr. P. Davis MD				23b. ADDRESS Neosho Mo		23c. DATE SIGNED 11/2/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-5-55	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Neosho, Mo.			
DATE REC'D BY LOCAL REG. 11-11-55		REGISTRAR'S SIGNATURE Melvin C. Bowman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark-Bigham Mortuary, Neosho, Mo.				

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

cert by all

(Licensed Embalmer's Statement on Reverse Side)

JAN 4 1956

NOV 10 1955

MISSOURI

NOV 25 1955

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 *Lucile A. Shombell*

Licensed Embalmer No. 3590

P. O. Address *J.plin m*

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.