

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20937**

FILED JUL 11 1956

BIRTH NO. 46575-56 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). --a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give town) Webb City		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Webb City
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 714 S. Madison St.		04920	

3. NAME OF DECEASED a. (First) Sarah			b. (Middle) Roxanne			c. (Last) Bishop			4. DATE OF DEATH (Month) (Day) (Year) June 28, 1956		
5. SEX Female			6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married			8. DATE OF BIRTH June 28, 1956		
9. AGE (In years last birthday) 10			IF UNDER 1 YEAR Months 10 Days 00			IF UNDER 24 HRS. Hours 10 Min. 00			11. BIRTHPLACE (City and State or Foreign Country) Webb City, Missouri		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Melvin Bishop		
13b. MOTHER'S MAIDEN NAME Beatrice Campbell			14. NAME OF HUSBAND OR WIFE			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		

17. INFORMANT'S SIGNATURE OR NAME Melvin Bishop			ADDRESS 714 S. Madison St. Webb City, Mo.		
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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) Pulmonary Edema.			INTERVAL BETWEEN ONSET AND DEATH 10 hours.	
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			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 6-28, 19 56 to 6-28, 19 56, that I last saw the deceased alive on 6-28, 19 56, and that death occurred at 7:45 Pm., from the causes and on the date stated above.

23a. SIGNATURE W. News-Fre (Degree or title) D.O.		23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED June 29, 56	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 6-30-56		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	
24d. LOCATION (City, town, or county) (State) Webb City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson		ADDRESS Webb City, Mo.	

DATE REC'D BY LOCAL REG. 7-2-56		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson	
				ADDRESS Webb City, Mo.	

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

County File
Date Filed JUL 10 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 *Jack C. Simpson*.....
Licensed Embalmer No. *464*

P. O. Address *Webb City*.....

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