

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34358

STATE FILE NUMBER

FILED NOV 15 1956

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 485

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Independence</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sanitarium</b>				Length of stay in lb <b>10 min.</b>		d. STREET ADDRESS <b>622 N. Spring</b> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <b>Laura</b> Middle <b>L.</b> Last <b>Bishop</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>1,</b> Year <b>1956</b>			
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov. 23, 1898</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self employed</b>		11. BIRTHPLACE (City and state or country) <b>Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Samuel Garland</b>				14. MOTHER'S MAIDEN NAME <b>Caroline Charles</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs. John Easter</b> Address <b>Independence, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO (b) <b>Bowel Infection</b> DUE TO (c) <b>Myocardial Damage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>1 hr 20 min</b> <b>several days</b> <b>1 1/2 yr</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <b>10:20</b> Month <b>Nov</b> Day <b>1</b> Year <b>1956</b> a. m. <b>10:20</b> p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Nov 6-7-8, 1954</b> to <b>Nov 1, 1956</b> and last saw her alive on <b>Nov 1, 1956</b> Death occurred at <b>10:20</b> on <b>Nov 1</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Ethel Watson</b> (Degree or title)				22b. ADDRESS <b>129 W. Lexington</b> <b>Independence, Mo.</b>		22c. DATE SIGNED <b>Nov 3 1956</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11/5/56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Independence, Missouri</b>	
24. FUNERAL DIRECTOR <b>Geo. C. Carson</b> Address <b>Independence, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>11-5-56</b>		26. REGISTRAR'S SIGNATURE <b>James D. Blair</b>	

(Licensed Embalmer's Statement on Reverse Side)

NOV 13 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 C. Ray Lunderback, Student Embalmer No. 5  
working under my personal supervision.

Student C. Ray Lunderback  
Signature of Student Embalmer

Signed Harold E. Keadre

Licensed Embalmer No. 46

P. O. Address Indy

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.