

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 7 - 1956

State File No. **35147**

BIRTH NO. _____		REG. DIST. NO. <b>311</b>		PRIMARY REG. DIST. NO. <b>6053</b>		Registrar's No. <b>36</b>			
1. PLACE OF DEATH a. COUNTY <b>St Clair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Clair</b>					
b. CITY (If outside corporate limits, write RURAL and give town) <b>Monegaw Township</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Monegaw Township</b>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) <b>Finnis R. Bishop</b>			4. DATE OF DEATH <b>Oct. -26-1956</b>			5. SEX <b>M</b>			
6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>unknown</b>		8. DATE OF BIRTH <b>Jan-10-1897</b>		9. AGE (In years last birthday) <b>59</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Cedar County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Shirley W. Collins, Osceola, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (a) <b>coronary occlusion</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Coronary occlusion</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 <b>none</b>		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) <b>Osceola, Missouri</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>							
22. I hereby certify that I attended the deceased from <b>seen after death only</b> , 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 (Degree or title) <b>Shirley W. Collins, Sheriff and acting Coroner</b>				23b. ADDRESS <b>Osceola, Missouri</b>		23c. DATE SIGNED <b>10-31-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>Nov.-1-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Stockton Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Stockton, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>11-7-56.</b>		REGISTRAR'S SIGNATURE <b>Clayde A. Bridges</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McMahon &amp; Sons, Springfield, Mo.</b>					

(Licensed Embalmer's Statement on Reverse Side)

**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 .....  
Student Embalmer

Signed *Mehin L. Janssens* .....

Licensed Embalmer No. *4529*

P. O. Address *Amptivel City*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.