

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **37879**
 Registrar's No. **4813**

FILED NOV 28 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 mo</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hosp.</u>				* STREET ADDRESS (If rural, give location) <u>2238 Wood Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vina</u>		b. (Middle) <u>M</u>		c. (Last) <u>Bishop</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 9 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 17-1880</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Fashion Bldg Yarned Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gypsum Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jerome B. Quicker</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Myers</u>		14. NAME OF HUSBAND OR WIFE <u>Ralph Bishop</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>513-16-6868</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert M. Bishop me reg</u> ADDRESS <u>7731</u>			
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) <u>Carcinoma Breast</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Metastases</u> DUE TO (c) <u>Pleural Effusion</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 yrs.</u> <u>170X</u>	
19a. DATE OF OPERATION <u>4-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ca Breast</u>				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) (Min) _____		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 <u>April 1952</u> to <u>mon 9, 1956</u> , that I last saw the deceased alive on <u>mon 8, 1956</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Thomas M. Johnson</u> (Degree or title) <u>D</u>				23b. ADDRESS <u>310 W 47 KC 12 MO</u>		23c. DATE SIGNED <u>11-10-56</u>	
24a. BURIAL, CREMA _____		24b. DATE <u>11-12-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gypsum Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Gypsum Kansas.</u>	
DATE REC'D BY LOCAL REG <u>11-10-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Warwick Eada Monticomp</u> ADDRESS <u>Kansas City Kansas</u>			

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

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 R. Simon*
JS Licensed Embalmer No. *453*
P. O. Address *Kono*

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.