

FILED FEB 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 84

BIRTH NO.		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Audrain</u>		c. CITY OR TOWN <u>Mexico</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mexico</u>)		c. LENGTH OF STAY (in this place) <u>6 hours</u> (township)		c. CITY OR TOWN <u>Mexico</u>		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 <u>Audrain County Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>307 East Promenade</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Samuel</u>		b. (Middle) <u>Addison</u>		c. (Last) <u>Bishop</u>	
4. DATE OF DEATH		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>May 28, 1884</u>		9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Fount W. Bishop</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Armstrong</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Atheia Bishop</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-05-7694</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Althea Bishop Mexico, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coccyx infection</u>				<u>7 days</u>	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) <u>Coronary heart disease</u>	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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? <u>2</u> 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 <u>Jan 27, 1957</u> , to <u>Jan 30, 1957</u> , that I last saw the deceased alive on <u>Jan 30, 1957</u> , and that death occurred at <u>11:42</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Blanche Neely M.D.</u>				23b. ADDRESS <u>112 N. Clark Mexico, Mo.</u>		23c. DATE SIGNED <u>Jan 31, 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-2-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Callaway County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb 1-1957</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arnold Funeral Home Mexico, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 *A. R. Wright*

Licensed Embalmer No. *4655*

P. O. Address *Mexico, Mo.*

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.