

FILED MAY - 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12677**

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>448E</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bourbon Rural Johnson Twp</u>		d. STREET ADDRESS (If rural, give location) <u>1100 D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Olson Rest Home</u>				15 mi S. of Bourbon on State Rt.			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSAN</u>			b. (Middle) <u>Elizabeth</u>		c. (Last) <u>BISHOP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR 29 1957</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>SEPT 16 1865</u>		9. AGE (In years last birthday) <u>91</u>	Months <u>7</u>	Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Anthony's Mill MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.B</u>	
13a. FATHER'S NAME <u>Isaac Harper</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Pinson</u>		14. NAME OF HUSBAND <u>John Bishop Deed</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Hattie Record</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PROGRESSIVE CEREBRAL SCLEROSIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u>				<u>20 yrs</u>	
		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>MAY</u> , 1947, to <u>APRIL 29</u> , 1957, that I last saw the deceased alive on <u>APRIL 25</u> , 1957, and that death occurred at <u>11:25</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas G. Smyth D.O.</u>				23b. ADDRESS <u>Sullivan Mo.</u>		23c. DATE SIGNED <u>4/30/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 1-1-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SCOTT CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>State Rt. Bourbon MO</u>		
DATE REC'D BY LOCAL REG. <u>May 1, 1957</u>		REGISTRAR'S SIGNATURE <u>Thomas G. Smyth</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman C. Haener</u>		ADDRESS <u>Cuba, MO</u>	

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

476

