

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16888

State File No.

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) TOWNWEST PLAINS		c. LENGTH OF STAY (in this place) 7 yrs	c. CITY OR TOWN WEST PLAINS
d. FULL NAME OF HOSPITAL OR INSTITUTION. X		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) POTTERSVILLE RTE.,	

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) MIRON c. (Last) BISHOP	4. DATE OF DEATH (Month) (Day) (Year) 5-8-57
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 12-9-1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 4 Days 29	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) SCOTT CO., VA.	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME JAS. BISHOP	13b. MOTHER'S MAIDEN NAME REBECCA NICHOLS	14. NAME OF HUSBAND OR WIFE HAZEL BISHOP
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME HAZEL BISHOP, WEST PLAINS, MO	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 3 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary emphysema		
	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 5271	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept., 1955, to 4/28, 1957, that I last saw the deceased alive on 4/28, 1957, and that death occurred at 6:25 A., from the causes and on the date stated above.

23a. SIGNATURE M. L. Fowler (Degree or title) MD	23b. ADDRESS West Plains Mo	23c. DATE SIGNED 5/13/57
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24a. BURIAL CREMATION, REMOVAL (Specify) B	24b. DATE 5-12-57	24c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL	24d. LOCATION (City, town, or county) (State) WEST PLAINS, MO.
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DATE REC'D BY LOCAL REG. 5-16-57	REGISTRAR'S SIGNATURE Beatrice Cook	25. FUNERAL DIRECTOR'S SIGNATURE ROBERTSONS	ADDRESS WEST PLAINS, MO
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(Licensed Embalmer's Statement on Reverse Side)

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

3790

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 

Licensed Embalmer No. 373

P. O. Address West Ham

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.