

Health, Welfare, Public Service  
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
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FILED OCT 8 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31268

STATE FILE NUMBER

Registration District No. 93 Primary Registration District No. 5332 Registrar's No. 57-68

1. PLACE OF DEATH a. COUNTY <u>Dade</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dade</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ernest TWP</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Greenfield Mo rt</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8mi NW greenfield Mo</u>		Length of stay in lb <u>6yrs</u>		d. STREET ADDRESS (If outside, give location) <u>8mi N.W</u>	
3. NAME OF DECEASED (Type or print) First <u>Ernest</u> Middle <u>Euel</u> Last <u>Bishop</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>26</u> Year <u>1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 25 1901</u>	9. AGE (In years last birthday) <u>55</u>	10. IF UNDER 1 YEAR Months <u>9</u> Days <u>1</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Ceder Co Mo</u>	
13. FATHER'S NAME <u>Columbus Bishop</u>			14. MOTHER'S MAIDEN NAME <u>Georgie Edge</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Clifford Bishop Everton Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Unknown</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Natural Cause</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>7954</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>after death</u> and last saw her alive on <u></u> Death occurred at <u>10:00A</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>W.R. Allison</u> (Degree or title) <u>Coroner</u>			22b. ADDRESS <u>Greenfield Mo</u>		22c. DATE SIGNED <u>9-26-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 28, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gum Springs</u>		23d. LOCATION (City, town, or county) (State) <u>Ceder Co Mo</u>
24. FUNERAL DIRECTOR <u>W.R. Allison</u>		ADDRESS <u>Greenfield Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-30-57</u>	
26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>					

(Licensed Embalmer's Statement on Reverse Side)

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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 W.R. Allen

Licensed Embalmer No. 440

P. O. Address Greenville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.