

Health,
& Welfare
Public
Service

STANDARD CERTIFICATE OF DEATH

35672
STATE FILE NUMBER
5065

FILED NOV 14 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300
7-1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. P. Yards		Length of stay in lb about 2 hours	d. STREET ADDRESS (If outside, give location) 1214 N. 12th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Clarence Middle C. Last Bishop			4. DATE OF DEATH Month October Day 28 Year 1957		
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/11/1896		9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storeman		10b. KIND OF BUSINESS OR INDUSTRY Mo. P. R. R.	11. BIRTHPLACE (City and state or country) St. Joseph, La.		12. CITIZEN OF WHAT COUNTRY? U.S. A.
13a. FATHER'S NAME Samuel Bishop		13b. MOTHER'S MAIDEN NAME Margaret Derry		14. NAME OF HUSBAND OR WIFE Sarah Bishop	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.# 1.		16. SOCIAL SECURITY NO. yes	17. INFORMANT Address Sarah Bishop 1214 N. 12th. st. K.C. Kans.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Fibrosis					INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Coronary Sclerosis & Calcareous Degeneration					
DUE TO (c) Generalized Arteriosclerosis & Calcareous Degeneration					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Adhesive Pleuritis, Chronic Pulmonary Emphysema					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) 4201			
20c. TIME OF INJURY Hour a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21: I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Deputy Coroner L. M. Tillman M.D.			22b. ADDRESS 1618 Lydia Ave		22c. DATE SIGNED 10/28/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/4/1957	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Fort Leavenworth, Kansas
24. FUNERAL DIRECTOR Mrs. J. W. Jones 440 State ave.			25. DATE RECD. BY LOCAL REG. 10-31-57	26. REGISTRAR'S SIGNATURE Neva Minshall	

L. M. Tillman. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

K. C. Kansas

(Licensed Embalmer's Statement on Reverse Side)

KP
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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 *Stanley George Balle*

Licensed Embalmer No. *4944*

P. O. Address *K.C., 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.