

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006539
State File No.

FILED FEB 26 1958

BIRTH NO. _____		REG. DIST. NO. <u>233</u>		PRIMARY REG. DIST. NO. <u>4348</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Montgomery</u>				a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hellsville</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Hellsville Mo</u>			
c. LENGTH OF STAY (If in this place) <u>11 years</u>				d. STREET ADDRESS (If rural, give location) <u>500 Clay St</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) <u>Paul</u> b. (Middle) <u>Waldo</u> c. (Last) <u>Bishop</u>				(Month) (Day) (Year) <u>Feb - 18 - 1958</u>			
(Type or Print)							
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>Mar 9 - 1883</u>	
9. AGE (In years, months, days) <u>75</u>		10. IF UNDER 1 YEAR (Specify) <u>11</u> Months		11. IF UNDER 1 YEAR (Specify) <u>9</u> Hours		12. IF UNDER 1 YEAR (Specify) <u>4</u> Min.	
10a. USUAL OCCUPATION (Give kind of work or occupation during period of working life, and if retired)				10b. KIND OF BUSINESS OR INDUSTRY			
<u>Refrigerator Repairer</u>				<u>Building</u>			
11a. BIRTHPLACE (State or foreign country) <u>Montgomery Co Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John A Bishop</u>				13b. MOTHER'S MAIDEN NAME <u>Lenie M Cornsack</u>			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				15. SOCIAL SECURITY NO. <u>488-12-9068</u>			
16. INFORMANT'S SIGNATURE OR NAME <u>Wm Selma Bishop</u>				17. ADDRESS <u>Hellsville Mo</u>			
18. CAUSE OF DEATH				19. MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</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 <u>Cerebral Arteriosclerosis</u>			
				DUE TO (b) _____			
				DUE TO (c) _____			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? <u>1</u>				YES ☐ NO ☒			
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>1-16</u> , 19 <u>58</u> , to <u>2-18</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>2-15</u> , 19 <u>58</u> , and that death occurred at <u>2:30 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A W. Land</u> (Degree or title) _____				23b. ADDRESS <u>W. W. Williams Jr</u>		23c. DATE SIGNED <u>4/20/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>2/23/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hellsville City</u>		24d. LOCATION (City, town, or county) (State) <u>Hellsville Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-24-58</u>		REGISTRAR'S SIGNATURE <u>Hortense Romano</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A B Wells</u>		ADDRESS <u>Hellsville 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
Student Embalmer

Signed

Chas. Wells

Licensed Embalmer No.

1588

P. O. Address

Shelleville 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 this body is not embalmed, fact should be so stated above.