

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024349  
STATE FILE NUMBER

FILED JUL 8 1958

Registration District No. 354 Primary Registration District No. 6198 Registrar's No. 63

300  
1-57

All diseases in Part 1 must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Texas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cass twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Cass twp.</b> <u>10700</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <b>60 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>Bado Rt., Houston</b>
3. NAME OF DECEASED (Type or print) First <b>ALFRED</b> Middle <b>E.</b> Last <b>BISHOP</b>			4. DATE OF DEATH Month <b>6</b> Day <b>28</b> Year <b>58</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10-22-1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>66</b>
11. BIRTHPLACE (City and state or country) <b>Texas County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Seth Bishop</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Simmons</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WWI</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Frank Bishop, Bado Rt., Houston, Mo.</b>
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>gunshot wound in chest &amp; heart</u> DUE TO (b) <u>self inflicted with 12 ga. shot gun</u> DUE TO (c) <u>976X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>self inflicted gunshot wound in heart</b>	
20c. TIME OF INJURY <b>1:45 p.m. 6-28-58</b>		with <b>12 gauge shot gun</b>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>farm</b>	20f. CITY, TOWN, OR LOCATION <b>Cass twp.</b>
21. I examined the deceased <u>VIEWED ON 6-28-58</u> to <u>1:45 p.m.</u> and last saw her alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		COUNTY <b>Texas,</b>	
22a. SIGNATURE <i>James L. Gentry</i> (Printer or type)		22b. ADDRESS <b>Cabool, Missouri</b>	22c. DATE SIGNED <b>6-29-58</b>
23a. BURIAL, CREMATION, RECOVERY (Specify)		23b. DATE <b>6-30-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Union Cemetery</b>
24. FUNERAL DIRECTOR <b>Elliott-Gentry, Address</b>		23d. LOCATION (City, town, or county) (State) <b>Texas, County, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>7-1-58</b>		26. REGISTRAR'S SIGNATURE <i>Gayell Gunningham</i>	

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 *James L. Henry* .....  
Licensed Embalmer No. *14718* .....  
P. O. Address *Calver, Md* .....

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.