

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5836

58-033617

STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 109

300
1-57

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Neosho <i>0730</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Home of Daughter		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Route # 2
3. NAME OF DECEASED (Type or print) First Isabell Middle Bishop Last Bishop		4. DATE OF DEATH Month Aug Day 14 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 17, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY housework	11. BIRTHPLACE (City and state or country) Carroll County Ark
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Smith	
13b. MOTHER'S MAIDEN NAME Scott		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs Thelma Guy Neosho, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Disease of the Coronary Arteries			INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Serility			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
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 STATE
21. I attended the deceased from 8-14-58 to 8-14-58 and last saw her alive on 8-14-58 Death occurred at 10:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Warren M. Jones Do 2		22b. ADDRESS Neosho	22c. DATE SIGNED 10-7-58
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Aug 17, 1958	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Reddick	23d. LOCATION (City, town, or county) (State) Rogers Ark
24. FUNERAL DIRECTOR ADDRESS Callison Funeral Home Rogers, Ark		25. DATE RECD. BY LOCAL REG. Oct. 9, 1958	26. REGISTRAR'S SIGNATURE Melvin A. Rowman, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

District Health Officer *Newtore*
District File Number *1058-208*
Date Filed *10/21* 1958

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. **No Embalming was done**

Clark Funeral Home

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No.....

P. O. Address.....

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.