

HEALTH, WELFARE & PUBLIC SERVICE
STANDARD CERTIFICATE OF DEATH

58-045061

STATE FILE NUMBER

FILED DEC 30 1958

Registration District No. 257 Primary Registration District No. 8881 Registrar's No. 60

Health, Welfare & Public Service

300
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY OSAGE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage			
b. CITY (If outside corporate limits, give TOWNSHIP only) Rural Jefferson Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN R.F.D. Blend		0760 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb AT home Entire life				d. STREET ADDRESS (If outside, give location) AT home			
3. NAME OF DECEASED (Type or print) First MARtha Middle E. Last Bishop				4. DATE OF DEATH Month Dec Day 17 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 Nov 7-1872		9. AGE (In years last birthday) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Osage County - Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Hiram Baker				14. MOTHER'S MAIDEN NAME Elizabeth Pointer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT Abe Nassler - Blend Rt - 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) Cardiac Arrest							INTERVAL BETWEEN ONSET AND DEATH 2 hrs 3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Cardiac Anoxia		DUE TO (c) Coronary Embolism			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Venous thrombosis of left leg. 4201							
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 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 12-11-58 , to 12-17-58 and last saw her ^{her} _{last} alive on 12-16-58 Death occurred at 7:40 ^A _A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Wm. Fredler D.O.				22b. ADDRESS Blend, Mo		22c. DATE SIGNED 12/19/58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12-19-1958		23c. NAME OF CEMETERY OR CREMATORY College Hill Cemetery		23d. LOCATION (City, town, or county) (State) Osage County - Mo.	
24. GENERAL DIRECTOR'S SIGNATURE Chute Sasser				25. DATE RECD. BY LOCAL REG. Dec 22-1958		26. REGISTRAR'S SIGNATURE Mrs. T.A. Dubrouillet	

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

Chute Lassman

Licensed Embalmer No. *41*

P. O. Address *Bland*

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