

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010412

STATE FILE NUMBER

FILED MAR 17 1959 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps		
b. CITY (If outside corporate limits, give TOWNSHIP only) Rolla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. James		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co, Memorial Hosp			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ROSE BISHOP			First	Middle	Last
4. DATE OF DEATH March 7, 1959			Month	Day	Year
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 10, 1870	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 1 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Vienna, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Levi Reedy			14. MOTHER'S MAIDEN NAME Isabella Kelly		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. no	17. INFORMANT Address Sherman Bishop, St. James, 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) Acute Cerebral Vascular Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Cerebral Arteriosclerosis unknown
DUE TO (c) Generalized Arteriosclerosis unknown					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Acute Myocardial infarct 10 Days Previous 332 X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 Jan. 1958 to March 1959 and last saw her alive on March 6-59 Death occurred at 10:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Samuel C. Bourney M.D.			22b. ADDRESS Sticks Clinic, St. James		22c. DATE SIGNED 3/10/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar 9-1959	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		23d. LOCATION (City, town, or county) (State) St. James, Mo.	
24. FUNERAL DIRECTOR Jesse Gahr - St. James, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. Mar. 10, 1959	26. REGISTRAR'S SIGNATURE Nadine L. Stoll	

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Copy Filed
March 16, 1959

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 *C. Jesse Galt*

Licensed Embalmer No. *44*

P. O. Address *St. James*

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