

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-040756

STATE FILE NUMBER

FILED VS NOV 23 1959

Registration District No. 169 Primary Registration District No. Registrar's No. 57

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Edina</u>				c. CITY OR TOWN <u>4 mi east of Novelty</u>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gibson Hospital</u>				d. STREET ADDRESS (If outside, give location) <u>10 N. v '59</u>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES A. BISHOP</u>				4. DATE OF DEATH Month Day Year <u>Nov 14, 1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>21 Nov 1894</u>	9. AGE (In years last birthday) <u>64</u>	10. FUNDING YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician-farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Cuba, Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Oscar Bishop</u>			
13b. MOTHER'S MAIDEN NAME <u>Nancy Fry</u>				14. NAME OF HUSBAND OR WIFE <u>Lena G. Eskew Bishop</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>318-16-3399a</u>			
17. INFORMANT <u>Mrs. Charles A. Bishop</u>				Address <u>Novelty, Mo</u>			
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>Circulatory Failure</u> DUE TO (b) <u>Acute + Chronic Coronary Thrombosis</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>						INTERVAL BETWEEN ONSET AND DEATH	
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.) <u>4201</u>			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year				20d. INJURY OCCURRED WHILE AT <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 <u>Edina, Mo.</u>			
21. I attended the deceased from <u>Nov. 10, 1959</u> to <u>Nov. 14, 1959</u> and last saw her alive on <u>Nov. 14, 1959</u> Death occurred at <u>4:59</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.				22. SIGNATURE <u>C. H. Gibson, D.D.</u> (Degree or title) <u>2</u>			
22a. ADDRESS <u>Edina, Mo.</u>				22c. DATE SIGNED <u>11-14-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>16 Nov '59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>		23d. LOCATION (City, town, or county) (State) <u>Peoria, Ill</u>	
24. FUNERAL DIRECTOR <u>Hudson-Rimer Funeral Home Edina, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Nov 19-59</u>		26. REGISTRAR'S SIGNATURE <u>Paul A. H. H. H.</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

securing the medical certification in the specific manner required by 193.140 MoRS 1949.  
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.

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### 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 *A. G. Rimmer* .....

Licensed Embalmer No. *5041* .....

P. O. Address *Edina, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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