

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-60-018915

State File No. ....

FILED VS JUN 9 1960

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 102 PRIMARY REG. DIST. NO. 5416 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Cardwell</b>	c. LENGTH OF STAY (in this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Cardwell</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>90 Residence</b>		d. STREET ADDRESS <b>0350</b> (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Roy</b> b. (Middle) <b>Jefferson</b> c. (Last) <b>Bishop</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 14, 1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>December 21, 1900</b>		9. AGE (In years last birthday) <b>59</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZENRY OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Jeff D. Bishop</b>		13b. MOTHER'S MAIDEN NAME <b>Ruth Doolin</b>		14. NAME OF HUSBAND OR WIFE <b>Parthenia McCuen Bishop</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>492-42-4560</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Parthenia Bishop Cardwell, Missouri</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Epilepsy</b>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to May 14, 1960, that I last saw the deceased alive on April 19, 19\_\_\_\_, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. W. Wengert M.D.</b>		23b. ADDRESS <b>Cardwell Mo</b>		23c. DATE SIGNED <b>5-18-60</b>
---	--	------------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/9/60</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cardwell Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cardwell Missouri</b>	
--	----------------------------	--	---	--

DATE REC'D BY LOCAL REG. <b>5-18-60</b>	REGISTRAR'S SIGNATURE <b>Edna Ballman</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Howard Funeral Service Leachville, Ark.</b>		
--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

0350

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-0

Received  
Dept. 6-7-60  
Co. File No. 660-188

---

**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 .....  
Student Embalmer

Signed H. H. Howard

Licensed Embalmer No. 3959

P. O. Address Blytheville Ark

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