

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-027334

FILED VS AUG 1 1960

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 361

DED

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		Length of stay in 1b <u>1 week</u>		c. CITY OR TOWN <u>Noel</u>		Inside Limits Yes ☐ No ☒		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hosp.</u>			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>Rt #2 - Box 5A</u>		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>Mildred</u> Middle <u>Adams</u> Last <u>Adams</u>				4. DATE OF DEATH Month <u>July</u> Day <u>23</u> Year <u>1960</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH <u>6-24-1912</u>		
9. AGE (last birthday) <u>48</u>		IF UNDER 1 YEAR Months <u>48</u> Days <u></u> Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		
11. BIRTHPLACE (City and state or country) <u>Dade County, Mo.</u>				12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>				
13a. FATHER'S NAME <u>Jess J. Bishop</u>				13b. MOTHER'S MAIDEN NAME <u>Allie Clayton</u>				
14. NAME OF HUSBAND OR WIFE <u>W. R. Bishop; Rt #1, Lockwood, Mo.</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> <u>None</u>				16. SOCIAL SECURITY NO. <u>None</u>				
17. INFORMANT <u>W. R. Bishop; Rt #1, Lockwood, Mo.</u>				Address <u></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>Diabetic Coma</u>							INTERVAL BETWEEN ONSET AND DEATH <u>366 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Diabetes</u>							<u>not known</u>	
DUE TO (c) <u>Stab wound, low left chest</u>							<u>7-16-60</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Stab wound</u>				
20c. TIME OF INJURY Hour <u>9</u> p.m. Month, Day, Year <u>7-16-60</u>								
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Noel</u>		COUNTY <u>Missouri</u> STATE <u></u>		
21. I attended the deceased from <u>July 17, 1960</u> to <u>July 23, 1960</u> and last saw her <u>live</u> on <u>July 23, 1960</u> Death occurred at <u>9:05</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Doore Merriam</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>607 Frisco Bldg, Joplin, Mo.</u>		22c. DATE SIGNED <u>7-25-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 26, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>		23d. LOCATION (City, town, or county) (State) <u>Dade County, Mo</u>		
24. FUNERAL DIRECTOR <u>J. C. Canada; Greenfield, Mo.</u>		ADDRESS <u></u>		25. DATE RECD. BY LOCAL REG. <u>July-26-1960</u>		26. REGISTRAR'S SIGNATURE <u>Doore Merriam</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 27 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. E. Canada
Licensed Embalmer No. 4196
P. O. Address Greenfield,

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.