

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039094

FILED VS. OCT 24 1960

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 57

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Montgomery City Mo</u>		Length of stay in 1b <u>40 yrs</u>		c. CITY OR TOWN <u>Montgomery City Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>217 S. Wentz</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Ellen</u> Middle <u>----</u> Last <u>Bishop</u>				4. DATE OF DEATH Month <u>Oct</u> Day <u>4</u> Year <u>1960</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-18-1875</u>		9. AGE (last birthday) <u>85</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Warren Co Mo</u>		11. BIRTHPLACE (City and state or country) <u>U. S. A</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>					
13a. FATHER'S NAME <u>Mr Bernard Taylor</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Harmon</u>				14. NAME OF HUSBAND OR WIFE <u>Thos Bishop "Decd"</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>no</u>		17. INFORMANT Address <u>Mrs Maurine Vick- Montgomery 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>myocardial decomposition</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) <u>healed tuberculosis</u>										INTERVAL BETWEEN ONSET AND DEATH <u>60 days</u> <u>15 years</u> <u>20 years</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		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. Month, Day, Year _____													
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 <u>July-16-60</u> to <u>Oct. 4-1960</u> last saw her alive on <u>Oct. 3-1960</u> Death occurred at <u>Oct 4 th 1960 11:am</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Abel C. Ainsdale DO</u>						22b. ADDRESS <u>Montgomery City Mo</u>			22c. DATE SIGNED <u>10-6-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-6-1960</u>		23c. NAME OF CEMETERY OR CREMATORIUM <u>Montgomery City</u>			23d. LOCATION (city, town, or county) (State) <u>Montgomery City Mo</u>						
24. FUNERAL DIRECTOR <u>W. H. Harris</u>				ADDRESS <u>MONTGOMERY CITY</u>		DATE RECD. BY LOCAL REG. <u>10-6-60</u>		26. REGISTRAR'S SIGNATURE <u>Laura B. Callaway</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 5 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

~~John~~ on the 4th day of Oct 1960, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

C. W. Hopkins
C. W. Hopkins

Licensed Embalmer No. I487

Montgomery City Mo
P. O. Address _____

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