

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-021626  
STATE FILE NUMBER

Registration District No. 256 Primary Registration District No. 2001 Registrar's No. 279

AMENDED

FILED JUN 19 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin, Mo.</b>		Length of stay in 1b <b>2 days</b>	c. CITY OR TOWN <b>Joplin, Missouri</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2706 East 7th Street</b>
3. NAME OF DECEASED (Type or print) First <b>Martha</b> Middle <b>Anna</b> Last <b>Bischoff</b>			4. DATE OF DEATH Month <b>6</b> Day <b>6</b> Year <b>1961</b>
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-20-1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>79</b>
13a. FATHER'S NAME <b>Peter Fenske</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Droska</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>15</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	IF UNDER 24 HR Hours <b>15</b> Min.
11. BIRTHPLACE (City and state or country) <b>Pierce City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
14. NAME OF HUSBAND OR WIFE <b>Jacob F. Bischoff</b>		17. INFORMANT <b>Mary A. Bischoff</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b>
DUE TO (b) <b>Cardio Vascular Renal Disease</b>			<b>10 years</b>
DUE TO (c)			
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 checked="" 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>6-5-61</u> to <u>6-6-61</u> and last saw her <u>alive on 6-6-61</u> Death occurred at <u>6-6-61</u> <u>2:30p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. R. Kuhn, Jr., M.D.</i> (Doctor or title)		22b. ADDRESS <b>321 Frisco Building</b>	22c. DATE SIGNED <b>6-9-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-9-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b>	23d. LOCATION (City, town, or county) <b>Pierce City, Mo.</b>
24. FUNERAL DIRECTOR <b>Wilks Bros. Pierce City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-14-1961</b>	26. REGISTRAR'S SIGNATURE <i>Dore Merriam</i>

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JUN 26 1961

**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 Tracy McCurdy

Licensed Embalmer No. 5125

P. O. Address Joplin, 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.