MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-005221
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 15

AMENDED

FILED JAN 30 1962

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF
2				DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Nevada Hospital — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 402 S. Cedar — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First REDONDA Middle RAE Last BISHOP
4. DATE OF DEATH: Month January Day 17 Year 1962
5. SEX: F
6. COLOR OR RACE: Wh
7. Married ☐ Never Married X Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-17-1962
9. AGE (last birthday) — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours 1 Min. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (City and state or country): Nevada, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Allen Handerhan
13b. MOTHER'S MAIDEN NAME: Carolyn Bishop
14. NAME OF HUSBAND OR WIFE: ======
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT: Mrs. Clifford Bishop Address: Everton, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Prematurity
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):
Genital abnormalities of the mandible, neck, chest & both hips
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 17, 1962, to ____ and last saw her alive on Jan. 17, 1962
Death occurred 1:26 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L.P. McCann (Degree or title) L.P. McCann, M.D.
22b. ADDRESS: Moore Bldg., Nevada, Mo.
22c. DATE SIGNED: 1/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1962 January 19
23c. NAME OF CEMETERY OR CREMATORY: Antioch Cemetery
23d. LOCATION (City, town, or county) (State): Everton Missouri

24. FUNERAL DIRECTOR: Ferry Funeral Home ADDRESS: Nevada, Missouri
25. DATE RECD. BY LOCAL REG.: Jan 27-1962
26. REGISTRAR'S SIGNATURE: Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Ray E. Ireland

Signature of Student Embalmer

Licensed Embalmer No. 5052

P. O. Address Nevada 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.