

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024320

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 252

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 19 1962

1. PLACE OF DEATH
 a. COUNTY St. Francois
 b. CITY (If outside corporate limits, give TOWNSHIP only) Rural St. Francois Length of stay in lb 9 hrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mineral Area Osteop. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Washington
 c. CITY OR TOWN Potosi Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) R. R. # 2 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Elzie Middle Glen Last Bishop 4. DATE OF DEATH Month June Day 9 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 6-9-62 9. AGE (last birthday) IF UNDER 1 YEAR Months 11 Days 17 Hours 11 Min. 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) Potosi, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Elzie Elmo Bishop 13b. MOTHER'S MAIDEN NAME Ruby Mae Jarvis 14. NAME OF HUSBAND OR WIFE Mr. Elzie Bishop--Potosi, Mo. Address R. R. # 2

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. NONE 17. INFORMANT Mr. Elzie Bishop--Potosi, Mo. Address R. R. # 2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Premature Birth - Incompatible with life 11 h. INTERVAL BETWEEN ONSET AND DEATH _____
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.) _____

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 3:00 PM 6-9-62 to 11:45 PM 6-9-62 and last saw her alive on 11:40 P.M. 6-9-62
 Death occurred at 11:40 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. E. Metcalf, D.O. 22b. ADDRESS St. Genevieve, Mo 22c. DATE SIGNED 6-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE JUNE 10, 1962 23c. NAME OF CEMETERY OR CREMATORY METCALF CEM. 23d. LOCATION (City, town, or county) (State) BRAZIL, Mo.

24. FUNERAL DIRECTOR ADDRESS Wm. Gum & Son Potosi, Mo. 25. DATE RECD. BY LOCAL REG. June 10, 1962 26. REGISTRAR'S SIGNATURE Ether Rudloff

VS 300 Rev. 4/59

1 1940
 2 1100
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 4 0
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 7 0
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 13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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 William H. Gunn

Licensed Embalmer No. 5155

P. O. Address Potosi 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.