

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-030309

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 86

FILED AUG 27 1962

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cedar</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Springs</u>			c. CITY OR TOWN <u>El Dorado Springs</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cedar Co. Memorial Hospital</u>			d. STREET ADDRESS (If outside, give location) <u>502 Independence St.</u>		
3. NAME OF DECEASED (Type or print) First <u>Goldie</u> Middle <u>Leona</u> Last <u>Bishop</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>23</u> Year <u>1962</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>Aug-21-1897</u>	9. AGE (last birthday) <u>65</u>	10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Wahpton, N.D.</u>		
11a. FATHER'S NAME <u>Ole Peterson</u>			11b. MOTHER'S MAIDEN NAME <u>Mary Mitchell</u>		
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			13. SOCIAL SECURITY NO. <u>Don Bishop</u>		
14. NAME OF HUSBAND OR WIFE <u>Don Bishop</u>			15. ADDRESS <u>502 Independence St. El Dorado Spas. 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) Mycardio infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) coronary occlusion
DUE TO (c) coronary arteriosclerosis

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 <u>9:20</u> a.m. <u>P</u> Month, Day, Year <u>8/20/62</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.)	20f. CITY, TOWN, OR LOCATION <u>El Dorado Springs, Mo.</u>
21. I attended the deceased from <u>8/20/62</u> to <u>8/23/62</u> and last saw her alive on <u>8/23/62</u> Death occurred at <u>9:20 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Robert L. Mauger M.D.</u>	
22b. ADDRESS <u>El Dorado Springs, Mo.</u>		22c. DATE SIGNED <u>8/24/62</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal-Burial</u>	23b. DATE <u>Aug-27-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill Memorial Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>Oklahoma City, OKla.</u>
24. FUNERAL DIRECTOR <u>Melvin L. Janssens, El Dorado Springs</u>		25. DATE RECD. BY LOCAL REG. <u>8-24-62</u>	26. REGISTRAR'S SIGNATURE <u>Joe E. Burkham</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 27 1966

Permit obtained 5-24-62

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 Melvin L. Janssens
Licensed Embalmer No. 4529

P. O. Address El Dorado, Spgs.

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.