# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-042171
STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 4187 Registrar's No. 246

FILED DEC 10 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

| ITEM NO. | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| 1 | 0364 | | |
| 2 | 0364 | | |
| 3 | | | |
| 4 | 0 | | |
| 5 | 1 | | |
| 6 | | | |
| 7 | 0 | | |
| 8 | 0 | | |
| 9 | 4201 | | |
| 10 | | | |
| 11 | | | |
| 12 | 90-0 | | |
| 13 | 5-0 | | |

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Union — Length of stay in Ib: 10 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 301 W. End Street — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Franklin
c. CITY OR TOWN: Union — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 301 West End St., — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: John — Middle: W — Last: Bishop

4. DATE OF DEATH: Month, Day, Year: Dec. 6, 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/13/22
9. AGE (last birthday): 40 — 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): Shoe Worker
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Mfg.
11. BIRTHPLACE (City and state or country): St. Clair, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Ed Bishop
13b. MOTHER'S MAIDEN NAME: Hettie Hodges
14. NAME OF HUSBAND OR WIFE: Freda Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW2
16. SOCIAL SECURITY NO.:
17. INFORMANT: Freda Bishop — Address: Union, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I.) DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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. ☐ 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 10-2-62 to 12-6-62 and last saw ~~him~~ alive on 12-4-62
Death occurred at 11:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): BH Stuhlmann M.D.
22b. ADDRESS: Union Mo
22c. DATE SIGNED: 12-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/9/62
23c. NAME OF CEMETERY OR CREMATORY: Midlawn Gardens
23d. LOCATION (City, town, or county) (State): Union, Mo.

24. FUNERAL DIRECTOR: Casey-Lenox F.H. — ADDRESS: St. Clair, Mo.
25. DATE RECD. BY LOCAL REG.: 12/8/62
26. REGISTRAR'S SIGNATURE: Leola C. Stuhlmann

(Licensed Embalmer's Statement on Reverse Side)

DEC 13 1962

**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 R. M. Rand

Licensed Embalmer No. 3601

P. O. Address St. Louis, 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.