

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6078-62-046769
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6078

FILED DEC 26 1962

VS 300
Rev. 4/59

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DATE AMENDED
12-19-62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF married - widowed

ITEM NO. SHOULD READ
married

BY AFFIDAVIT OF Funeral Director

L.F. Steffen MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in lb <u>4 days</u>	c. CITY OR TOWN <u>Slater</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Research Hospital</u>		d. STREET ADDRESS (If outside, give location) ----- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>EDITH HELEN BISHOP</u>		4. DATE OF DEATH Month Day Year <u>December 3 1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-1-1907</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Package Liquor Store</u>	11. BIRTHPLACE (City and state or country) <u>Saline County, Mo.</u>
13a. FATHER'S NAME <u>Toney Garrell</u>		14. NAME OF HUSBAND OR WIFE <u>Al David Bishop</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Mary Horn, Slater, Missouri</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) <u>Glioblastoma multiforme left frontal lobe</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
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 checked="" 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 _____		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
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.)	
21. I attended the deceased from <u>11-29-62</u> to <u>12-3-62</u> and last saw her alive on <u>12-2-62</u> . Death occurred at <u>12-3-62</u> <u>9:00 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>L.F. Steffen M.D.</u>		22b. ADDRESS <u>1103 Grand Ave K.C. Mo</u>	
22c. DATE SIGNED <u>12-3-62</u>			
23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Removal</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Slater, Missouri</u>	
23b. DATE <u>12-3-1962</u>		23d. LOCATION (City, town, or county) <u>Slater, Missouri</u>	
24. FUNERAL DIRECTOR <u>Mellody-McGilley-Eylar Funeral Home</u> <u>Woodland-Linwood</u>		25. DATE RECD. BY LOCAL REG. <u>12-3-62</u>	
ADDRESS _____		26. REGISTRAR'S SIGNATURE <u>Keith Long</u>	

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Benjamin A. ...
L. F. Steffen
Roxbury Bldg
Vi 2-81-80

MS DEC 26 1980

2:30 PM - 5

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 James E. Kacklenan

Licensed Embalmer No. MO# 4573

P. O. Address Kansas City 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.

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