

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015276

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 61Primary Registration District No. 5236Registrar's No. 141

STATE FILE NUMBER

FILED MAY 6 1963

1. PLACE OF DEATH

a. COUNTY Cedarb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Box Twp.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Rt#3 El Dorado SpringsInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cedarc. CITY
OR
TOWN El Dorado SpringsInside Limits
Yes ☐ No ☒d. STREET
ADDRESS (If outside, give location)Rt.#3Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

WALTERS.BISHOP4. DATE
OF
DEATH

Month

Day

Year

4-30-63

5. SEX

male

6. COLOR OR RACE

white7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-28-1881

9. AGE (last birthday)

81

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)farmer retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Virginia

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Ja ke Bishop

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Della Bishop15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)nonone

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Charles Bishop Rt.#3 El Dorado Spgs Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarctionINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary occlusion

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☐ Unknown19. 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 12/54 to 11/ 1/62 and last saw him alive on 11/1/62
Death occurred at px 3 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

El Dorado Springs, Mo.

22c. DATE SIGNED

5/2/6323a. BURIAL, CREMATION,
REMOVAL (Specify)
burial

23b. DATE

5-4-63

23c. NAME OF CEMETERY OR CREMATORY

Clintonville Cemetery

23d. LOCATION (City, town, or county)

El Dorado Springs, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Goinn-CarothersEl Dorado Spgs., Mo. 5-3-63Joe E. Blum per X M.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/591 02002 020034 05 167 18 09 420.1101112 90-013 1-0

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

May W. Dickering

Licensed Embalmer No.

4696

P. O. Address

El Dorado Spgs, 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.

No Permit Obtained