

FILED FEB 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4276

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u> <u>0264</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1731 Monroe</u>				d. STREET ADDRESS (If rural, give location) <u>1731 Monroe</u>			
3. NAME OF DECEASED (Type or Print) <u>Philip Winthrop Bishop</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 13, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 16, 1872</u>	
9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>9</u>		11. DAYS <u>27</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Plaster</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Penn.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Unk</u>				13b. MOTHER'S MAIDEN NAME <u>unk</u>			
14. NAME OF HUSBAND OR WIFE <u>Cornelia 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>			
16. SOCIAL SECURITY NO. <u>no</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Victor Prenger</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart</u> DUE TO (c) <u>dissecting aortic aneurysm</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u> <u>arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>yes</u> <u>yes</u>			
19a. DATE OF OPERATION <u>4200</u>				19b. MAJOR FINDINGS OF OPERATION <u>yes</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>no</u>				21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>June 9, 1954</u> , to <u>Feb 13, 1955</u> , that I last saw the deceased alive on <u>Jan 27, 1955</u> , and that death occurred at <u>3:30pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Francis W. Meunier M.D.</u>				23b. ADDRESS <u>607 E High Jeff. City Mo.</u>			
23c. DATE SIGNED <u>2/14/55</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>Feb. 15, 1955</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Old Marion Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Marion, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Prenger</u>			
DATE REC'D BY LOCAL REG. <u>Feb 14-55</u>				REGISTRAR'S SIGNATURE <u>R. P. Davis</u>			
25. ADDRESS <u>Jefferson City Mo.</u>				26. ADDRESS <u>Jefferson City Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

Victor Buecher

Licensed Embalmer No. 3701

P. O. Address Jefferson 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 this body is not embalmed, fact should be so stated above.