

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025030
STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 98 Primary Registration District No. 4161 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Daviness		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviness	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jameson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jameson 0310 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ---		Length of stay in lb 41 Yrs.	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 Stella Middle Cathryn Last Bristow			4. DATE OF DEATH Month July Day 22 Year 1958	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 3 1871	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months --- Days ---	IF UNDER 24 HRS. Hours --- Min. ---
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Unknown 9	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Wilson	13b. MOTHER'S MAIDEN NAME Darcus Armstrong	14. NAME OF HUSBAND OR WIFE James H. Bristow (Decd)
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Paul Bristow, Jameson, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Edema of lungs & Cardiac Enlargement		INTERVAL BETWEEN ONSET AND DEATH 6 weeks
DUE TO (b) Carcinoma of stomach & liver		2 yrs
DUE TO (c) Underwent surgery for stomach tumor at mo Columbia		2 yrs ago.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic nephritis		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.)
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20c. TIME OF INJURY Hour --- Month --- Day --- Year --- a.m. --- p.m. ---	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.)	20f. CITY, TOWN, OR LOCATION Jameson	COUNTY Daviness	STATE Mo.
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21. I attended the deceased from May 19 58 to July 22 58 and last saw ^{her} / _{him} alive on July 22 58 Death occurred at 9:30 P. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. Barclay Sed 2 (Degree or title)	22b. ADDRESS Gallatin Mo	22c. DATE SIGNED 7-24-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-24-58	23c. NAME OF CEMETERY OR CREMATORY Civil Bend Christian Cem. Daviness Co. Mo.	23d. LOCATION (City, town, or county) (State) Jameson Mo.
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24. FUNERAL DIRECTOR Hope Funeral Home ADDRESS Gallatin, Mo.	25. DATE RECD. BY LOCAL REG. 7-24-58	26. REGISTRAR'S SIGNATURE Virginia M Engelbert
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S. 300
1-57
310
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8991 3 2 1958

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 *L. O. Johnson*

Licensed Embalmer No. *3302*

P. O. Address *Baltimore, Md.*

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.