

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035646

STATE FILE NUMBER

FILED OCT 24 1958

Registration District No. 43

Primary Registration District No.

Registrar's No. 602

300
1-57
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1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Rt. 4		c. CITY OR TOWN Poplar Bluff Rt. 4	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 8 years	
STREET ADDRESS 0120		(If outside, give location) 4 miles south	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Harvey Hardy Bristol			4. DATE OF DEATH Month Day Year Oct. 12, 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 31, 1874	9. AGE (In years last birthday) 84	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) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Bristol	13b. MOTHER'S MAIDEN NAME Mira Hally	14. NAME OF HUSBAND OR WIFE Lillie Bristol
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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 Johnnie F. Bristol Walnut Ridge, Ark. Address Route #1.
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18. CAUSE OF DEATH (Enter only one cause for life for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decon Junction / ms DUE TO (b) Aneurysm of Aorta DUE TO (c) 4331		INTERVAL BETWEEN ONSET AND DEATH 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Urinary Retention Prostatic Hypertrophy		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 <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	COUNTY	STATE
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21. I attended the deceased from Death occurred at 6 Sept 58 to 12 Oct 58 and last saw him alive on 12 Oct 58 m on the date stated above; and to the best of my knowledge, from the causes stated.
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22. SIGNATURE (Degree or title) C. F. Braden MD	22b. ADDRESS 321 Oak Poplar Bluff, Mo.	22c. DATE SIGNED 10/12/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-15-1958	23c. NAME OF CEMETERY OR CREMATORY Bristol Cemetery	23d. LOCATION (City, town, or County) (State) 7 miles north of Davenden, Ark.
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24. FUNERAL DIRECTOR Lloyd Russell	ADDRESS Piggott, Arkansas	25. DATE RECD. BY LOCAL REG. 10/17/58	26. REGISTRAR'S SIGNATURE R. M. Moore
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

OCT 22 1958
BUTLER CO. HEALTH CENTER

FILE No. _____

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 me, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Geord A. Hoggard

Licensed Embalmer No. 1116

P. O. Address Piquette Ark

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.