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

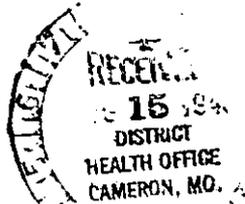
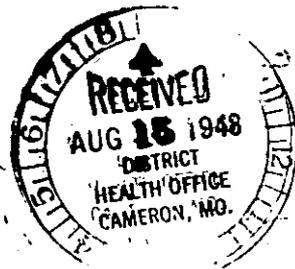
FILED AUG 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26253

BIRTH NO. _____		REG. DIST. NO. 46		PRIMARY REG. DIST. NO. 4063		Registrar's No. 26		
1. PLACE OF DEATH a. COUNTY Caldwell				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY Caldwell				
b. CITY (If outside corporate limits, write RURAL and give township) Hamilton		c. LENGTH OF STAY (in this place) 76 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Hamilton		13		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Hamilton				d. STREET ADDRESS (If rural, give location) 501 Bird St 9				
3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Loyd c. (Last) Bristow			4. DATE OF DEATH (Month) (Day) (Year) July 22 1949					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 5, 1870		
9. AGE (In years last birthday) 76		Months 2		Days 17		Hours Min.		
10. USUAL OCCUPATION (Give kind of work during most of working life, even retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Stock Raising		11. BIRTHPLACE (State or foreign country) Sheridan Wyo Davis Co Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Miles Bristow		13b. MOTHER'S MARRIED NAME Mary E. Loyd		14. NAME OF HUSBAND OR WIFE Clara Bristow				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME George T. Johnson				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Embolism DUE TO (c) Coronary Thrombosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs. 4 wks. 6 wks. 4 1/2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <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 June 11, 1949, to July 22, 1949, that I last saw the deceased alive on July 22, 1949, and that death occurred at 7:30 A.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Herbert R. Brock M.D.				23b. ADDRESS Hamilton		23c. DATE SIGNED 7/23/49		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 24, 1949		24c. NAME OF CEMETERY OR CREMATORY Highland Cem		24d. LOCATION (City, town, county) (State) Hamilton Mo		
DATE REC'D BY LOCAL REG. July 24 1949		REGISTRAR'S SIGNATURE Gladys Jones		37		25. FUNERAL DIRECTOR'S SIGNATURE Branch Funeral Home		
						ADDRESS Hamilton Mo		

FEB 17 1955



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.

Signed.....

P. J. A. Brown

Signed.....

Student Embalmer

Licensed Embalmer No. *3052*

P. O. Address *Hamilton 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.