

FILED APR 20 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 138835

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>3092</u>				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u>				b. COUNTY <u>Cass</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. LENGTH OF STAY (in this place) <u>11 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Virginia</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>8120 Y</u>						
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Clara</u>		b. (Middle) <u>Belle</u>		c. (Last) <u>Bristow</u>			
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>1</u>		(Year) <u>1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Dec. 1, 1880</u>		9. AGE (In years last birthday) <u>70</u>		
		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 YEAR Hours _____		IF UNDER 1 YEAR Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Virginia, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>James F. Wyatt</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Carver</u>			14. NAME OF HUSBAND OR WIFE <u>Frank W.</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Farrell Gaines, Carthage, Ill.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)										
MEDICAL CERTIFICATION										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral pneumonia</u>										
INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>										
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.										
ANTECEDENT CAUSES										
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.										
DUE TO (b) <u>Transthoracic gastrectomy and left pneumothorax</u>										
DUE TO (c) <u>Gastric polyp</u>										
II. OTHER SIGNIFICANT CONDITIONS										
Conditions contributing to the death but not related to the disease or condition causing death.										
<u>Due to: Arteriosclerotic heart disease and pernicious anemia</u>										
19a. DATE OF OPERATION <u>3/29/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>gastric polyp</u>						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
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.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR <u>211X</u>					
22. I hereby certify that I attended the deceased from <u>Mar. 21</u> , 19 <u>51</u> , to <u>April 1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 1</u> , 1951, and that death occurred at <u>9:45 a.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>FR Bradley</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>4-1-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-1-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Virginia, Ill.</u>				
DATE REC'D BY LOCAL REG. <u>APR 2 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Ruster</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>					

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 3653

P. O. Address.....

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.