

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8697

13295
MAR 17 1953
REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) Monett		c. CITY (If outside corporate limits, write RURAL and give township) MT. VERNON 0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Vincent Hosp.		d. STREET ADDRESS (If rural, give location) 426 E. South St.	
3. NAME OF DECEASED (Type or Print) a. (First) KENNETH b. (Middle) LEE c. (Last) BRISTOW			4. DATE OF DEATH (Month) (Day) (Year) MARCH 2, 1953
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MARCH 1, 1953
9. AGE (In years last birthday)	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours Min. 13 10
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) DAIRY	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Monett Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Kenneth L. Bristow		13b. MOTHER'S MAIDEN NAME SALLIE K. DURHAM	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Kenneth Lee Bristow, Mt. Vernon, Mo. ADDRESS	
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) Aspiration Pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7630	
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?	
22. I hereby certify that I attended the deceased from MARCH 1, 1953 to MARCH 1, 1953 , that I last saw the deceased alive on MARCH 1, 1953 , and that death occurred at 2:45 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Kenneth Glover, M.D.		23b. ADDRESS Mt. Vernon, Mo.	
23c. DATE SIGNED 3/2/53			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3/2/53	24c. NAME OF CEMETERY OR CREMATORY 1009 CEMETERY	24d. LOCATION (City, town, or county) (State) MT. VERNON, MO.
DATE REC'D BY LOCAL REG. 3-9-53	REGISTRAR'S SIGNATURE Claver A. Warrington	25. FUNERAL DIRECTOR'S SIGNATURE Max L. Foresett	ADDRESS Mt. Vernon, Mo.

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

John J. Mc Nabbs

Licensed Embalmer No. 4635

P. O. Address Republic, 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.