

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014882
State File No.

FILED MAY 13 1958

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5625 Registrar's No. 29

05704

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

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ladalle Rest Home		d. STREET ADDRESS (If rural, give location) 525 No. 4th St.	
3. NAME OF DECEASED (Type or Print) a. (First) Frances		b. (Middle) L. BRISTOL c. (Last) Bristol	
4. DATE OF DEATH (Month) (Day) (Year) April 30, 1958		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH July 23, 1868		9. AGE (In years last birthday) 89 10. UNDER 1 YEAR Months 9 Days 7 11. UNDER 1 HR. Hours 7 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY housewife	
11. BIRTHPLACE (City and State or Foreign Country) New Franklin, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Childers		13b. MOTHER'S MAIDEN NAME Elizabeth Martin	
14. NAME OF HUSBAND OR WIFE Frank Bristol		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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. May Folmer, Altom, Illinois	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, 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)	
DUE TO (c)		DUE TO (c)	
11. 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"/>		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) 4200	
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 8, 1958 , to April 30, 1958 , that I last saw the deceased alive on April 30, 1958 , and that death occurred at 10:39 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE Robert N. Hull, Jr. (Degree or title)		23b. ADDRESS Elsberry, Mo.	
23c. DATE SIGNED May 2, 1958		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE May 3, 1958		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. C. Dalbey, St. Charles, Mo.	
DATE REC'D BY LOCAL REG. 5/10/1958		REGISTRAR'S SIGNATURE Mrs. Clarence Kientz	

MAY 14 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
Student Embalmer

Signed Frank R. Amalung

Licensed Embalmer No. 132

P. O. Address St Charles, 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.