

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7207 -61-026560
 FILED AUG 8 1961 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI Length of stay in 1b 45mins.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Illinois b. COUNTY Madison
 c. CITY OR TOWN Madison Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1639 2nd St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
TRUMAN SPENCER BARDSLEY, SR. AUGUST 2 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 6-27-1881 9. AGE (last birthday) 80 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Construction 11. BIRTHPLACE (City and state or country) Madison Co., Ill. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME EDMUND W. BARDSLEY 13b. MOTHER'S MAIDEN NAME NANCY CASE 14. NAME OF HUSBAND OR WIFE Edna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | If yes, give war or dates of service) no 17. INFORMANT Address Edna Bardsley 1639 2nd St. Madison, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION INTERVAL BETWEEN ONSET AND DEATH FEW HOURS
 DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE MANY YEARS
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from JAN. 25, 1946 to AUGUST 2, 1961 and last saw her/him alive on AUGUST 2, 1961
 Death occurred at 10:37 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS M. D. BARNES HOSPITAL 22c. DATE SIGNED 8/3/61

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 8-5-1961 23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS John L. Sedlack Madison, Illinois 25. DATE RECD. BY LOCAL REG. AUG 3 1961 26. REGISTRAR'S SIGNATURE [Signature]

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ.

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 _____

Signature of Student Embalmer

Signed

John T. Sedlack

Licensed Embalmer No. 3747

P. O. Address Madison, Ill

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.