

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1225

FILED FEB 11 1954

State File No. 422

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) 5.5 yrs	
d. FULL NAME OF (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSPITAL		e. CITY OR TOWN KANSAS CITY f. STREET ADDRESS (If rural, give location) 1228 OAKLEY	
g. HOSPITAL OR INSTITUTION		h. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle)	
c. (Last) BRISTOW		4. DATE OF DEATH (Month) (Day) (Year) January 25, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 25, 1891
9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY ARMY RECORDS CENTER	
11. BIRTHPLACE (City and State or Foreign Country) Moberly, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Chris Gardell		13b. MOTHER'S MAIDEN NAME Fannie Cox	
14. NAME OF HUSBAND OR WIFE Lulu BRISTOW		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Hemorrhage, posterior cerebral artery		19. ADDRESS Kansas City, Mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. Hemorrhage, posterior cerebral artery		INTERVAL BETWEEN ONSET AND DEATH 1 day	
b. ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis cerebral		unk.	
c. DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	
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) (Minute)		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 Jan 24, 1954 , to January 25, 1954 , and that death occurred at 5:10 Am. , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) THOMAS J. RANKIN, M.D.		23b. ADDRESS VA Hospital, Kansas City, Mo.	
23c. DATE SIGNED Jan 25, 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN-27-1954	
24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 1-27-54		REGISTRAR'S SIGNATURE Sheldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newsome's Sons		ADDRESS 1331 BAUGH CREEK KANSAS CITY, MO.	

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

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 B Lewis*.....

Licensed Embalmer No. *487*

P. O. Address *KC Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (F 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.