

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **827**

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 1432 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Franklin - <i>Meramec Twp</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri c. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan		c. LENGTH OF STAY (in this place) Rural 20 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan, Mo. <i>rural</i>		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Sullivan, Mo.				d. STREET ADDRESS (If rural, give location) Sullivan - <i>Meramec Twp</i>			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Robert		c. (Last) Bristow		4. DATE OF DEATH (Month) (Day) (Year) Feb. 6 52	
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 10, 1952 / 1887	
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Restaurant man		10b. KIND OF BUSINESS OR INDUSTRY <i>Sab</i>		11. BIRTHPLACE (State or foreign country) Kansas	
13a. FATHER'S NAME Frank Bristow		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Opal Bristow		17. INFORMANT'S SIGNATURE OR NAME Opal Bristow Sullivan, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none		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, asthenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia</i>				INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Bronchogenic Neoplasm</i>				2			
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 None		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? 162X		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sullivan Franklin Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <i>Feb 3</i> , 1952, to <i>Feb 5</i> , 1952 that I last saw the deceased alive on <i>Feb 4</i> , 1952, and that death occurred at <i>7:30 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>A. F. Anderson M.D.</i>				23b. ADDRESS <i>Sullivan, Mo</i>		23c. DATE SIGNED <i>2/7/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2-9-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Buffalo</i>		24d. LOCATION (City, town, or county) (State) <i>Sullivan, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>2-9-52</i>		REGISTRAR'S SIGNATURE <i>E. D. Prater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. P. Shaffer</i>		ADDRESS <i>Sullivan Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

10/10/23
10/10/23

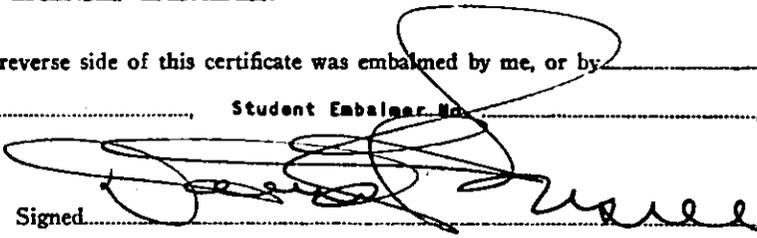
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 45-20

P. O. Address Sullivan

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.