

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1334**
229

FILED FEB 14 1953

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) 7 Days		c. CITY (If outside corporate limits, write RURAL and give township) Independence - Rural - R.R. #5
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		d. STREET ADDRESS (If rural, give location) 5337 Ridgeway 7000 X		
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) A. c. (Last) Bridwell		4. DATE OF DEATH (Month) (Day) (Year) January 13 1953		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH Feb. 29, 1882	9. AGE (In years last birthday) 70 OF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - STEWARD		10b. KIND OF BUSINESS OR INDUSTRY ELKS CLUB	11. BIRTHPLACE (City and State or Foreign Country) AUGUSTA, GEORGIA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WASHINGTON Bridwell		13b. MOTHER'S MAIDEN NAME FANNY	14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-05-5667	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. J. C. SIMS 4800 EAST 24th ST. KANSAS CITY, MO.	
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) Memoria ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Complications of the Pneumonia DUE TO (c) Serum Sickness & Asthma		INTERVAL BETWEEN ONSET AND DEATH 2-3 days ? with
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 1-6, 1953 , to 1-13, 1953 , that I last saw the deceased alive on 1-13, 1953 and that death occurred at 2:00A.M. , from the causes and on the date stated above.				
23a. SIGNATURE B. S. Long, M.D. (Degree or title)		23b. ADDRESS W.C.D. 4800 E. 24th	23c. DATE SIGNED 1-13-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JAN-16-1953	24c. NAME OF CEMETERY OR CREMATORY ---	24d. LOCATION (City, town, or county) (State) AUGUSTA, GEORGIA	
DATE REC'D BY LOCAL REG. 1-16-53	REGISTRAR'S SIGNATURE Doraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.H. Newson's Sons 1331 Brush Creek Kansas City, Mo.		

OCT 14 1959

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

Basil Honey

Licensed Embalmer No. _____

P. O. Address _____

Holland

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.