FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

4492

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 157

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'Reilly VA Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days (Specify whether
In this community 4 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 2101 Ramsey (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OMER HARRISON BRICKEY
3. (b) If veteran, name war World War I
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) 24 (Day) 1895 (Year)

8. AGE: Years 52 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Richland, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Plater
11. Industry or business
FATHER
12. Name Samuel Brickey
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Belle Robertson
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant VA Records
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Richland Missouri
18. (a) Signature of funeral director George Scharff F Hamm
(b) Address Springfield Mo.
19. (a) 2-16-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 15 year 1948 hour 12 minute 40 P.M.
21. I hereby certify that I attended the deceased from January 28, 1948 to February 15, 1948; that I last saw him alive on February 15, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? Paul L. Eisele Means of injury
23. Signature PAUL L. EISELE (M. D. or ~~XXX~~)
Address O'Reilly VA Hospital Date signed 2-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Lewis G. Schaefer

Licensed Embalmer No. 3802

P. O. Address Springfield, M

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.