

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Staff File No. 7972

FILED APR 3 1950

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5218 Registrar's No. 44

0190

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

1. PLACE OF DEATH a. COUNTY Casson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-Big Creek Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Big Creek Twp	
c. LENGTH OF STAY (in this place) 5 yr.		d. STREET ADDRESS (If rural, give location) 7 mi. South of Lee's Summit,	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 7 mi. South of Lee's Summit,		d. STREET ADDRESS (If rural, give location) 7 mi. South of Lee's Summit,	
3. NAME OF DECEASED a. (First) Oscar b. (Middle) Dennis c. (Last) Bricker			4. DATE OF DEATH (Month) (Day) (Year) March 22, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 2, 1881
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Chesterfield, Ill, 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME David C. Bricker		13b. MOTHER'S MAIDEN NAME Amanda Rafferty	14. NAME OF HUSBAND OR WIFE Ollie Bricker
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ollie Bricker Pleasant Hill 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) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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		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)	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 Oct. 7, 1949 , to March 22, 1950 , that I last saw the deceased alive on March 22, 1950 , and that death occurred at 2:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Clint Miller M.D.		23b. ADDRESS Lee's Summit Mo.	23c. DATE SIGNED 3-23-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 25, 1950	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) Greenwood Missouri
DATE REC'D BY LOCAL REG. March 25, 1950	REGISTRAR'S SIGNATURE Laura J. Jones	51	5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M.B. [unclear] Lee's Summit, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 17 1955

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.

Signed W.B. Langford

Signed _____
Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, Missouri

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.