

FILED MAY 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12531**

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 34

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> c. LENGTH OF STAY (In this place) <u>1 day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> d. STREET ADDRESS (If rural, give location) <u>1805 Oneida St.</u>			
3. NAME OF DECEASED a. (First) <u>Mattie</u> b. (Middle) _____ c. (Last) <u>Bricken</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 15, 1865</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Jack Hardwick</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Ray</u>		14. NAME OF HUSBAND OR WIFE <u>James W. Bricken</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Myra Parker, Lexington, Missouri</u>			
MEDICAL CERTIFICATION							
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, ashenia, etc. It means the disease, injury, or complication which caused death.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic heart disease & Congestive failure</u> 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 <u>4/200</u>				
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 <u>Oct 24, 1953</u> to <u>April 10, 1954</u>, that I last saw the deceased alive on <u>April 9, 1954</u>, and that death occurred at <u>2:00 P.M.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mc W Ward MD</u>			23b. ADDRESS <u>Lexington, Mo 670</u>		23c. DATE SIGNED <u>4/30/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 13, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-6-54</u>		REGISTRAR'S SIGNATURE <u>M. J. Cantelero</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Forest Temple, Lexington, Missouri</u>			

Ward

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. _____

P. O. Address _____

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.