

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED MAR 14 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Springfield</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1625 N. Robberson</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>1625 N. Robberson</u> <u>03960</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lester</u> b. (Middle) _____ c. (Last) <u>Brickley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 8 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Dec. 10, 1900</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Dairy</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Harry Brinkley</u>	13b. MOTHER'S MAIDEN NAME <u>Minite Virgin</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Yes</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bertha Williams Spfld. Mo</u>	
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown</u> ANTECEDENT CAUSES (Deceased had left Mo. State San. 12/18/53) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>A.M.A. and previous record reads Arrested Pulmonary Tuberculosis bronchiectasis and Emphysema</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		UNATTENDED BY A PHYSICIAN <u>7955A</u>	

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) m.	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 10, to 10, that I last saw the deceased alive on 10, and that death occurred at 7:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Bertha Williams</u> Local Registrar of Vital Statistics (Degree or title)	23b. ADDRESS <u>Greene County Health Dept. Springfield, Missouri</u>	23c. DATE SIGNED <u>3/8/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal & Burial</u>	24b. DATE <u>3-10-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Alicia Arkansas</u>	24d. LOCATION (City, town, or county) (State) <u>Alicia Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>3/9/55</u>	REGISTRAR'S SIGNATURE <u>Bertha Williams</u>	EMERALD DIRECTOR'S SIGNATURE <u>Bertha Williams</u>	ADDRESS <u>Spfld. Mo.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

FORM 8 1933

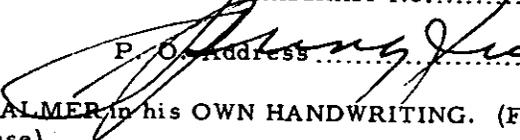
STATEMENT BY LICENSED EMBALMER

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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 46

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.