

No. 300
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FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12696**

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE INDIANA b. COUNTY LAKE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONROE CITY		c. CITY OR TOWN HAMMOND	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 5TH STREET U.S. 1914 W 0424-34		e. STREET ADDRESS (If rural, give location) 712-173 street 8138	

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) JOHNSON c. (Last) BRICKEY			4. DATE OF DEATH (Month) (Day) (Year) MAY 9 1955		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 12 1884	9. AGE (In years last birthday) 71	if UNDER 1 YEAR Months 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME C. JOHNSON		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE E.C. BRICKEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME E. C. Brickey Rankin ADDRESS _____	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* CRUSHED SKULL & CHEST INJURY		
	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) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 34 & 24	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) MONROE CITY MONROE MISSOURI
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) MAY 9 1955 10:45 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? AUTOMOBILE ACCIDENT

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE Russell M. Wilson, Coroner (Degree or title)		23b. ADDRESS Monroe City Missouri		23c. DATE SIGNED May 7 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE MAY 12 1955	24c. NAME OF CEMETERY OR CREMATORY RANKIN CEMETERY	24d. LOCATION (City, town, or county) (State) RANKIN ILLINOIS	
DATE REC'D BY LOCAL REG. 5-13-55	REGISTRAR'S SIGNATURE E. C. Robertson 471	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILSON & SONS, MONROE CITY, MO.		

(Licensed Embalmer's Statement on Reverse Side)

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

