No. 300
10.48

FILED AUG 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25929

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4223 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: Holt
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maitland
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Holt
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maitland
d. STREET ADDRESS (If rural, give location):

0440

3. NAME OF DECEASED (Type or Print)
a. (First): BERTHA
b. (Middle): BLEICH
c. (Last): BRICKEY

4. DATE OF DEATH (Month) (Day) (Year): Aug. 11, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 14, 1900
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: In the home
11. BIRTHPLACE (City and State or Foreign Country): Near Graham, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Carl Bleich
13b. MOTHER'S MAIDEN NAME: Louisa Priebe
14. NAME OF HUSBAND OR WIFE: Reed Brickey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Ed Bleich, Graham, Missouri

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 16 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Metastatic Brain Tumor — unknown
DUE TO (c) Carcinoma Left Breast — 12 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 17 OX

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1955, *to* August 11, 1955, *that I last saw the deceased alive on* Aug 11, 1955 *and that death occurred at* 9:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Isaac F. Sweeney
(Degree or title): M.D.
23b. ADDRESS: Oregon, Missouri
23c. DATE SIGNED: 8-11-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/13/55
24c. NAME OF CEMETERY OR CREMATORY: Maitland Cemetery
24d. LOCATION (City, town, or county) (State): Maitland, Missouri

DATE REC'D BY LOCAL REG.: 8/11/1955
REGISTRAR'S SIGNATURE: James H Crawford 469
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: James H Crawford Mound City Mo.
(Licensed Embalmer's Statement on Reverse Side)

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

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 J. Marvin Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City, Mo.

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.