FILED OCT 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34251

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY Perry	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Perryville c. LENGTH OF STAY (in this place)	c. CITY OR TOWN d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Perry Co. Memorial Hospital	e. STREET ADDRESS (If rural, give location) Rural Cinque-Hommes Twp.

3. NAME OF DECEASED (Type or Print)	a. (First) Lonnie	b. (Middle) Joseph.	c. (Last) Brickhaus	4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 28, 1922	9. AGE (In years last birthday) 33 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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Perry County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Brickhaus	13b. MOTHER'S MAIDEN NAME Albertine Baudendistel	14. NAME OF HUSBAND OR WIFE		
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. 496-38-7981	17. INFORMANT'S SIGNATURE OR NAME William Brickhaus	ADDRESS Biehle Star Rt.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, 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 in head (Gun Shot wound)

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.

INTERVAL BETWEEN ONSET AND DEATH

SEAL CORONER of Perry County Mo.

Coroner of Perry County, Mo.

9191
43

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) Cinque Homme 079 (COUNTY) Perry (STATE) Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 13-1955 3.50 m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? 22 Rifle discharged into head	

22. *I hereby certify that I attended the deceased from* Coroner of Perry County, Mo. *19* Coroner of Perry County, Mo. *19*, *that I last saw the deceased alive on* Coroner of Perry County, Mo. *19*, *and that death occurred at* 3.50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE C M Wiedman (Degree or title) Coroner of Perry County, Mo.	23b. ADDRESS Perryville Mo	23c. DATE SIGNED 10/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct.15,1955	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	24d. LOCATION (City, town, or county) (State) Highland, Missouri
DATE REC'D BY LOCAL REG. 10-15-55	REGISTRAR'S SIGNATURE Jos J Zellner 2.50	25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons	ADDRESS Perryville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 28 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 402

P. O. Address Perrym

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.