Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010030
STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Aurora — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Aurora Hospital — Length of stay in 1b: hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Aurora — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Aurora Township — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Rose Middle: Anne Last: Bricker

4. DATE OF DEATH: Month: 4, Day: 5, Year: 1959

5. SEX: Female

6. COLOR OR RACE: W.

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 4/5/59

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours 9, Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): Aurora, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George W. Bricker

13b. MOTHER'S MAIDEN NAME: Ethel A. Bricker

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: George W. Bricker Address: Aurora, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 9 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 776X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/5/59, to 4/5/59 and last saw her/him alive on 4/5/59
Death occurred at 4/5/59 4 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] M.D.

22b. ADDRESS: Aurora, Mo.

22c. DATE SIGNED: 4/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4/7/59

23c. NAME OF CEMETERY OR CREMATORY: Maple Park

23d. LOCATION (City, town, or county) (State): Aurora, Mo.

24. FUNERAL DIRECTOR: Arnold's Funeral Home ADDRESS: Aurora, Mo.

25. DATE RECD. BY LOCAL REG.: 4-6-1959

26. REGISTRAR'S SIGNATURE: Ora McNatt

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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.

Not Embalmed

Student ..... Signed .....
Signature of Student Embalmer

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.