

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020400

FILED VS MAY 23 1960 *90*

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **32**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Platte</i>			2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Platte</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Parkville</i>		Length of stay in 1b <i>18 yrs</i>	c. CITY OR TOWN <i>Parkville</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>at home</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>R 2. Bx 16.</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>Frank Albert Bricker</i> First Middle Last			4. DATE OF DEATH <i>Apr. 23 - 1960</i> Month Day Year		
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>May 12 - 1884</i>	9. AGE (last birthday) <i>75</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Snin</i>	11. BIRTHPLACE (City and state or country) <i>Nesho Falls, Kan</i>		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <i>Jashah Bricker</i>		13b. MOTHER'S MAIDEN NAME <i>Sara Dawson</i>		14. NAME OF HUSBAND OR WIFE <i>Nellie Bricker</i>	
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. <i>493-14-8936</i>		17. INFORMANT <i>Nellie Bricker</i> Address <i>Parkville, Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchopneumonia</i> DUE TO (b) <i>Malignant Tumors Liver &</i> DUE TO (c) <i>Lymph nodes</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>5/23/59</i> to <i>April 23, 1960</i> and last saw ^{her} him alive on <i>4/23/60</i> Death occurred at <i>Residence Parkville, Mo</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>A. L. Johnson</i> (Degree or title)			22b. ADDRESS <i>8325th. Oak Kansas City 18-Mo</i>		22c. DATE SIGNED <i>4/25/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>Apr 25 - 60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>East Slope</i>		23d. LOCATION (City, town, or county) <i>Parkville, Mo</i>
24. FUNERAL DIRECTOR <i>L. L. Francis</i> ADDRESS <i>Parkville</i>		25. DATE RECD. BY LOCAL REG. <i>Apr 26, 1960</i>		26. REGISTRAR'S SIGNATURE <i>B. Phia. Rollins</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leland H. Francis

Licensed Embalmer No. 3451
P. O. Address Parkville

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.