

OCT 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33188
Do not use this space.

1. PLACE OF DEATH
 (a) County Pettis Registration District No. 6668
 (b) Township Sedalia Primary Registration District No. 3032
 (c) City Sedalia (d) Street No. Bothwell Hospital Registered No. 269
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel Line Bricker
 (a) Residence, No. 1028 So. Marriam St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Bricker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>7</u>	<u>26</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

FATHER 13. NAME Samuel Bricker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER 15. MAIDEN NAME DK
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

17. INFORMANT (ADDRESS) Earl Bricker
Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mem. Park DATE Sept. 11, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gillespie Funeral Home
Sedalia, Mo.

20. FILED 9-11- 1939 Mrs. Harry Smedley
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9/39 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1939, to Sept. 9, 1939
 I last saw him alive on Sept. 9, 1939 Death is said to have occurred on the date stated above, at 8 A. M.
 The principal cause of death and related causes of importance were as follows:
Erysipelas of mouth & face Date of onset 2/4/39
Hip injury 7-wks.
 Other contributory causes of importance:
Hypertension, benign prostatic hypertrophy

Name of operation Extraction of teeth Date of 27-6-1939
 What test confirmed diagnosis Chum Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No
 Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify none
 (Signed) Chas. Smedley, M. D.
 (Address) Sedalia, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X 14028

8-

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10/10/39

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

Registered Apprentice No., working under my personal supervision.

Signed Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sidalia 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33188
Do not use this space.

1. PLACE OF DEATH
(a) County Pettis Registration District No. 668
(b) Township Sedalia Primary Registration District No. 3032 Registered No. 269
(c) City Sedalia (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel Line Bricker
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>7</u>	<u>26</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9-39

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Empyema

Date of onset _____

Other contributory causes of importance:
hip injury 7 wks

Name of operation Wot cause of death his wife had empyema N.M.D. Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury Jan 10, 1939
Where did injury occur? manip work on table at public place
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury fell on step
Nature of injury severe emphysema

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) Chas McNeil M. D.
(Address) Sedalia Mo

SUPPLEMENTARY

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is essential for ensuring transparency and accountability in the organization's operations.

2. The second part of the document outlines the various methods and tools used to collect and analyze data. It highlights the need for consistent and reliable data collection processes to support informed decision-making.

3. The third part of the document focuses on the role of technology in modern data management. It discusses how advanced software solutions can streamline data collection, storage, and analysis, thereby improving efficiency and accuracy.

4. The fourth part of the document addresses the challenges associated with data security and privacy. It provides guidelines for implementing robust security measures to protect sensitive information from unauthorized access and breaches.

5. The fifth part of the document explores the importance of data quality and integrity. It discusses strategies for identifying and correcting errors in data collection and ensuring that the information used for analysis is accurate and reliable.

6. The sixth part of the document discusses the ethical considerations surrounding data collection and use. It emphasizes the need for transparency in data practices and the importance of obtaining informed consent from individuals whose data is being collected.

7. The seventh part of the document provides a summary of the key findings and recommendations. It reiterates the importance of a comprehensive data management strategy that encompasses all aspects of data collection, storage, and analysis.

8. The eighth part of the document includes a list of references and sources used in the research. It provides a clear and concise list of the literature and resources that informed the document's content.

9. The ninth part of the document contains a list of appendices and supplementary materials. These materials provide additional details and data that support the main findings and conclusions of the document.

10. The tenth part of the document includes a list of figures and tables. These visual elements help to illustrate key data points and trends, making the information more accessible and easier to understand.