

S. No. 2  
M-5-43  
5-17-39  
I X36671

STANDARD CERTIFICATE OF DEATH

State File No. 3060

Registration District No. 169 Primary Registration District No. 2030 Registrar's No. 5

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
1417

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Festus  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Life \_\_\_\_\_ (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Festus  
(If outside city or town limits, write "RURAL")

(d) Street No. 326 N 3rd St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lydia M. Brickey

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 18 1865  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	10	10	hr. min.

9. Birthplace Brickeys Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name John C. Brickey

13. Birthplace Ottumwa Mo. (City, town, or county) (State or foreign country)

14. Maiden name Emily Carpenter

15. Birthplace St. Genevieve Co Mo. (City, town, or county) (State or foreign country)

16. (a) Informant N. W. Brickey

(b) Address Festus Mo.

17. (a) Burial (b) Date thereof 1-30-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Methodist Cem.

18. (a) Signature of funeral director H. S. Vinyard

(b) Address Festus Mo.

19. (a) Jan 30 1946 (b) Cressal Crowder  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28  
year 1946 hour 11 minute 50 AM

21. I hereby certify that I attended the deceased from Nov. 22  
1945 to Jan. 27 1946  
that I last saw her alive on Jan. 27 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature B. Bolgar (M. D. or other)

Address Festus Mo. Date signed 1-28-46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

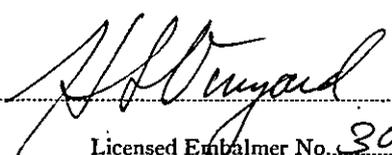
Underline the cause to which death should be charged statistically.

142

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.....



Licensed Embalmer No. 3010

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