

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26990

State File No. ....

No. 300  
10-48

FILED JUL 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4552 Registrar's No. 36

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Wright</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn Grove, Mo'</u> c. LENGTH OF STAY (in this place) <u>15 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Mountain Grove General Hospital</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eminence, Missouri</u> d. STREET ADDRESS (If rural, give location) <u>Rural</u>		
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<b>3. NAME OF DECEASED</b> a. (First) <u>Alpha</u> b. (Middle) <u>Ratti</u> c. (Last) <u>Brickey</u> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>June 14, 1952</u>		
<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>JAN. 18, 1878</u>	<b>9. AGE</b> (In years last birthday) <u>74</u> Months <u>4</u> Days <u>28</u> Hours _____ Mins. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>OWN Home</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Shannon County Missouri</u>	

<b>13a. FATHER'S NAME</b> <u>Thomas Tripp</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Wren</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>W.W. Brickey</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> <u>No</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>W.W. Brickey</u> ADDRESS <u>Eminence, Mo</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Bronchial Pneumonia</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Paralysis</u> DUE TO (c) <u>Cerebral epilepsy</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>  <u>334X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from May 31, 1952, to June 14, 1952, that I last saw the deceased alive on June 14, 1952, and that death occurred at 9:51 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Richard E. Mitchell D.O.</u>	<b>23b. ADDRESS</b> <u>Mountain Grove, Mo.</u>	<b>23c. DATE SIGNED</b> <u>July 3-1952</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>June 16 '52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Summers Cemetery</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Eminence, Mo</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Duncan Funeral Home Mtn View Mo</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>7-5-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>A.B. Ames</u>	<b>348-f</b>

WRIGHT CO. HEALTH DEPT.  
County File Number 75-2-84  
Date Filed 7-19-52

**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.

Student .....  
Student Embalmer

Signed *John L. Keenan*  
Licensed Embalmer No. 2516  
P. O. Address *Wm. Keenan Co.*

**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.