

# STANDARD CERTIFICATE OF DEATH

State File No. **216**  
Registrar's No. **147**

BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH  
a. COUNTY **Buchanan**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Buchanan**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Joseph**

c. CITY OR TOWN **St. Joseph**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **6538 Brown St. (Home)**

e. STREET ADDRESS (If rural, give location) **6538 Brown St. 01170**

3. NAME OF DECEASED (Type or Print)  
a. (First) **CHARLES** b. (Middle) **CLAYTON** c. (Last) **BRICKER**

4. DATE OF DEATH (Month) (Day) (Year) **2 4 1954**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **8-13-1879**

9. AGE (In years) (has birthday) **74** IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY **Stock Yards Co.**

11. BIRTHPLACE (City and State or Foreign Country) **Shannon, Illinois**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Jacob Bricker**

13b. MOTHER'S MAIDEN NAME **Anna Hammond**

14. NAME OF HUSBAND, OR WIFE **Susan Bricker**

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

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Susan Bricker, 6538 Brown St.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION **St. Joseph, Mo.**  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral Vascular Hemorrhage**  
INTERVAL BETWEEN ONSET AND DEATH **unk.**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Essential Hypertension** **unk.**  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

20. AUTOPSY? YES  NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **331X**

21a. ACCIDENT SUICIDE HOMICIDE. (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 2, 1952** to **Feb. 4, 1954**, that I last saw the deceased alive on **Dec. 2, 1952**, and that death occurred at **7:45P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Sharon E. Higgins M.D.**

23b. ADDRESS **301 Illinois Ave., City**

23c. DATE SIGNED **2-10-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **2-6-1954**

24c. NAME OF CEMETERY OR CREMATORY **Ashland Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Joseph, Missouri**

DATE REC'D BY LOCAL REG. **Feb 12, 1954**

REGISTRAR'S SIGNATURE **Kathleen M. Allison**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **John E. Stupp St. Joseph, Mo.**

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

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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 396

P. O. Address.....  
St. Joseph

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.