

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-028644
 State File No.

FILED SEP 2 1958

REG. DIST. NO. 93

PRIMARY REG. DIST. NO. 4154

Registrar's No. 58-58

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield		c. LENGTH OF STAY (in this place) 4 years	c. CITY OR TOWN Greenfield
d. FULL NAME OF HOSPITAL OR INSTITUTION 411 College St.		STREET ADDRESS (If rural, give location) 411 College St.	
3. NAME OF DECEASED (Type or Print) a. (First) Macie		b. (Middle) —	c. (Last) Brickey
4. DATE OF DEATH (Month) (Day) (Year) Aug. 24, 1958		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	
8. DATE OF BIRTH Dec. 27, 1888		9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and State or Foreign Country) Dade County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME R. H. Montgomery		13b. MOTHER'S MAIDEN NAME Emily Stanley	
14. NAME OF HUSBAND OR WIFE W. D. Brickey		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 497-22-3805		17. INFORMANT'S SIGNATURE OR NAME Mr. W. D. Brickey	
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 4201 YES ☐ NO ☒		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) (Minute) m.		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 June 1, 1958 to Aug 24, 1958 , that I last saw the deceased alive on Aug 23, 1958 , and that death occurred at 12:50 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE W. O. Cowan M.D.		23b. ADDRESS Greenfield, Mo.	
23c. DATE SIGNED 8/25/58		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Aug. 26, 1958		24c. NAME OF CEMETERY OR CREMATORY Greenfield Cem.	
24d. LOCATION (City, town, or county) (State) Greenfield, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada	
DATE REC'D BY LOCAL REG. 8-25-1958		ADDRESS J. C. Canada, Greenfield, Mo.	

(Licensed Embalmer's Signature on Reverse Side)

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.....

J. C. Canada

Licensed Embalmer No. 4190

P. O. Address *Greenfield*

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.