Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-043083

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 53

**1. PLACE OF DEATH**
a. COUNTY: Warren
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Warrenton — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Katie Jane Home — Length of stay in Ib: 7 yr

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lincoln
c. CITY OR TOWN: Troy 0576 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 3 miles S.W. of Troy MO. — Reside on Farm: Yes [X] No [ ]

**3. NAME OF DECEASED** (Type or print): First: Roy Middle: Elliot Last: Bricker

**4. DATE OF DEATH**: Month Day Year: November 30, 1958

**5. SEX**: Male 0

**6. COLOR OR RACE**: White

**7. MARRIED** [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

**8. DATE OF BIRTH**: Nov. 29, 1909

**9. AGE** (In years last birthday): 49 — IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HRS.: Hours, Min.

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

**10b. KIND OF BUSINESS OR INDUSTRY**: Farming

**11. BIRTHPLACE** (City and state or country): Troy MO. 0

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Ora Bricker

**13b. MOTHER'S MAIDEN NAME**: May Turner

**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): None (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: Unknown

**17. INFORMANT**: Lola Price Address: Whiteside MO.

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Post Multiple Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 14 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Myocarditis — unk.
DUE TO (c): Bulbar Apoplexy cause unknown — 2 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to terminal disease condition given in PART I (a) 345X — 3 hrs

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [ ] C

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from Jan 15 1927, to Nov. 30, 1958 and last saw her/him alive on Nov 30 1958
Death occurred at 12.30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Walter D. Hoelscher C — **22b. ADDRESS**: Mt Worcester Mo — **22c. DATE SIGNED**: 12-X-58

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial — **23b. DATE**: Dec. 2, 1958 — **23c. NAME OF CEMETERY OR CREMATORY**: Zoar Cemetery — **23d. LOCATION** (City, town, or county) (State): Lincoln County Mo.

**24. FUNERAL DIRECTOR**: D.W. McCoy — **ADDRESS**: Troy Mo

**25. DATE RECD. BY LOCAL REG.**: Dec 6. 1958

**26. REGISTRAR'S SIGNATURE**: Floyd Rogan

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

## 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 ....D. D. McCoy.....

Licensed Embalmer No. 3588

P. O. Address ....Troy 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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