

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031261

FILED VS SEP 9 1959

Registration District No. _____ Primary Registration District No. 3076 Registrar's No. 192 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada	Length of stay in 1b 7 Yrs.	c. CITY OR TOWN Nevada	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1123 W. Walnut	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1123 W. Walnut	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mabel Middle Wilma Last Bricker			4. DATE OF DEATH Month Sept. Day 2 Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/8/1902	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Harrisonville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME William Kincaid		13b. MOTHER'S MAIDEN NAME Nellie Kincaid		14. NAME OF HUSBAND OR WIFE Earnest 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. Unknown		17. INFORMANT E. Bricker, Nevada, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH Instant
IMMEDIATE CAUSE (a) Strangulation		
DUE TO (b) Hanged		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Hanged self on grage rafter
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Nevada, Vernon, Missouri

21. I attended the deceased from _____, to _____ and last saw ^{her}/_{him} alive on _____.
Death occurred at **4:10** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <i>[Signature]</i> Coroner		22b. ADDRESS Nevada, Missouri	22c. DATE SIGNED 9/4/59
22a. BURIAL, CREMATION, REMOVAL (Specify) Removal	22b. DATE 9/4/59	22c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	22d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo.

24. FUNERAL DIRECTOR Richard L. Shorten, Nevada, Missouri	25. DATE RECD. BY LOCAL REG. 9-5-1959	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 11 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Paul J. Hunter, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul J. Hunter

Licensed Embalmer No. 453

P. O. Address Quade

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.