

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027910

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Registration District No. _____ Primary Registration District No. _____ Registrar's No. 109 STATE FILE NUMBER _____

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kentucky b. COUNTY Jefferson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ft. Leonard Wood		Length of stay in 1b		c. CITY OR TOWN Louisville		Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Military Training Area			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) 1726 Lockmoon		Reside on Farm Yes ☐ No ☒		
3. NAME OF DECEASED (Type or print) First Edward Middle Douglas Last Bricking				4. DATE OF DEATH Month Jul Day 19 Year 60					
5. SEX Male	6. COLOR OR RACE Cau	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 1-30-26	9. AGE (last birthday) 34	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) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and state or country) Cincinnati, Ohio		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Elmer Bricking			13b. MOTHER'S MAIDEN NAME Edith Rose Harvard			14. NAME OF HUSBAND OR WIFE Sara Lee Bricking			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 16 years, total			16. SOCIAL SECURITY NO. 404-22-2973		17. INFORMANT Sara Lee Bricking			Address 1726 Lockmoon	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thermal injury resulting in partial immediate incineration							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. ☐ Yes ☐ No ☐ Unknown			
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Aircraft accident						
20c. TIME OF INJURY Hour 5:30 a.m. _____ p.m. _____		Month, Day, Year 7-19-60							
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.) Military training area		20f. CITY, TOWN, OR LOCATION Ft. Leonard Wood		COUNTY Pulaski		STATE Missouri	
21. I ~~intended~~ ^{saw} the deceased from 19 Jul 60 to 19 Jul 60 on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at 5:30 P on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Allen D. Meyer Capt MC ALLEN D. MEYER, Capt, MC				22b. ADDRESS US Army Hospital Ft. Leonard Wood, Missouri				22c. DATE SIGNED 7-20-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 22 1960		23c. NAME OF CEMETERY OR CREMATORY Unknown		23d. LOCATION (City, town, or county) (State) Louisville, Kentucky			
24. FUNERAL DIRECTOR HEDGES FUNERAL HOMES CROCKER MO				25. DATE RECD. BY LOCAL REG. 7-22-60		26. REGISTRAR'S SIGNATURE <i>Paula Grace Anderson</i>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

Clarence Phoss

Licensed Embalmer No.

4896

P. O. Address

Waynesville

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