

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014489

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 86

FILED MAY 15 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) Harrisonville, Mo.		Length of stay in lb 4 Yr.	c. CITY OR TOWN East Lynne,
c. FULL NAME OF (If NOT in hospital, give location) Pleasant View Rest Ho.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) East Lynne,
3. NAME OF DECEASED (Type or print) First Panay Middle L. Last Bricker		4. DATE OF DEATH Month May Day 4 Year 1962	
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 6-1-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Raymore, Mo.	9. AGE (last birthday) 72
13a. FATHER'S NAME Milton C. BROWN		14. NAME OF HUSBAND OR WIFE Mrs. Robert Delmont, Peculiar, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Robert Delmont, Peculiar, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Adema			INTERVAL BETWEEN ONSET AND DEATH 2 da
DUE TO (b) Cardiac Inafficiency			5 yr
DUE TO (c) Arteriosclerosis			10 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None	
20c. TIME OF INJURY Hour a.m. p.m. None	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 1958 to May 4, 1962 and last saw her ^{her} alive on May 4, 1962 Death occurred at 5:20 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. C. Finsch M.D. (Degree or title)		22b. ADDRESS Harrisonville, Mo.	22c. DATE SIGNED 5/5/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/7/1962	23c. NAME OF CEMETERY OR CREMATORY Pitts Chapel Cemetery	23d. LOCATION (City, town, or county) East Lynne, Mo. (State)
24. FUNERAL DIRECTOR A. D. Hartley ADDRESS East Lynne, Mo.		25. DATE RECD. BY LOCAL REG. May 7-1962	26. REGISTRAR'S SIGNATURE Mrs. Roy Seber

MAY 24 1962

Funeral Home, Inc.
145 East No. 11

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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 John R. Simon
Licensed Embalmer No. 4531
P. O. Address Kansas City, 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.

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