

human
No. 300
10. 48

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24086

64
34
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 260

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Rolls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New London</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leveering Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R# 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Isaac</u> b. (Middle) <u>Newton</u> c. (Last) <u>Brinker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 4, 1859</u>
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>26</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>They of Brinker R# 2 New London MO</u>			
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, ashenia, etc.—It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction 4 days</u> DUE TO (c) <u>Arteriosclerosis Sclerotic 5 yrs</u> II. OTHER SIGNIFICANT CONDITIONS! Conditions contributing to the death but not related to the disease or condition causing death. <u>M7V</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-14</u> , 19 <u>49</u> , to <u>7-30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-30</u> , 19 <u>49</u> , and that death occurred at <u>1:25 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm. Landham</u>		23b. ADDRESS <u>1007 Bodway</u>	
23c. DATE SIGNED <u>8/2/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-2-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Flint Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>R# 2 New London Roll. MO</u>	
DATE REC'D BY LOCAL REG. <u>8-3-49</u>		REGISTRAR'S SIGNATURE <u>W.E. Muecke</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>James O'Connell</u>		ADDRESS <u>Hannibal MO</u>	

(Licensed Embalmer's Signature on Reverse Side)

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
Student Embalmer

Signed

Michael J. O'Connell

Licensed Embalmer No. *2246*

P. O. Address *Hannibal, 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 this body is not embalmed, fact should be so stated above.