

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30074

396

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

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 897

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0396</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural give location) <u>1605 East Central</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1605 East Central</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u>		b. (Middle) <u>Dennis</u>	
c. (Last) <u>Wrinkle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 13 1857</u>
9. AGE (In years last birthday) <u>93</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u>	10a. KIND OF BUSINESS OR INDUSTRY <u>Practice of Medicine</u>	11. BIRTH PLACE (State or foreign country) <u>Bradley County Tenn. U.S.A.</u>
12a. FATHER'S NAME <u>John Wrinkle</u>	12b. MOTHER'S MAIDEN NAME <u>Mary Bradley</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. NAME OF HUSBAND OR WIFE <u>Karal Wrinkle</u>		13a. ADDRESS <u>1605 E. Central</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	15. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Erica Wrinkle Springfield</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <u>Arteriosclerosis</u>			<u>20 years</u>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4201</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)	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>July 9, 1948</u> , to <u>Oct 11, 1950</u> , that I last saw the deceased alive on <u>Aug 10, 1950</u> , and that death occurred at <u>7:52 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Kenneth C. Osfeot</u>		23b. ADDRESS <u>M.D. Springfield, Mo.</u>	23c. DATE SIGNED <u>10-11-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct 13 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Galusac, Missouri</u>
DATE REC'D BY LOCAL REG. <u>10-11-50</u>	REGISTRAR'S SIGNATURE <u>W.E. Daidy</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Blue</u>	
ADDRESS <u>Galusac, Mo.</u>			

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 *William B. Erwin*

Licensed Embalmer No. *3092*

P. O. Address *Ballwin, 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.