

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 16 1951 STANDARD CERTIFICATE OF DEATH

State File No. 14002

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 6153 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Pike</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bell City, Mo. Rural</u>	
c. LENGTH OF STAY (In this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>Near Bell City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bell city Missouri</u>			
3. NAME OF DECEASED a. (First) <u>GEORGE</u> b. (Middle) <u>FREDRICH</u> c. (Last) <u>BRINKMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 15 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 25, 1874</u>
9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u>	IF UNDER 24 HRS. Hours _____	
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>Tanning</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>William Brinkman</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Kiser</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Brinkman</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Bertie Hefner</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Dec 7</u> , 19 <u>50</u> , to <u>Dec 15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec. 14</u> , 19 <u>50</u> , and that death occurred at <u>Early A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. C. Masters</u>		23b. ADDRESS <u>V. R. Advance Mo.</u>	23c. DATE SIGNED <u>12-16-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/17/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Advance Missouri</u>
DATE REC'D BY LOCAL REG. <u>1-19-51</u>	REGISTRAR'S SIGNATURE <u>Bennie Mount</u>	F. FINANCIAL DIRECTOR'S SIGNATURE <u>W. S. Morgan</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1030
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Mo.

RECEIVED

APR 14 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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.....

William H. Morgan

working under my personal supervision.

Student Embalmer No.

Signed

William H. Morgan

Signed.....
Student Embalmer

Licensed Embalmer No. *4640*

P. O. Address *Adams, Md*

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.