

FILED MAR 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8020

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>5441</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Third Creek twp 1st</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Third Creek Twp.</u> <u>0370</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Owensville Route</u>				d. STREET ADDRESS (If rural, give location) <u>Owensville Route</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>			b. (Middle) <u>Ernst</u>		c. (Last) <u>Brinkman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 1, 1951</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>Dec. 2, 1866</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Owensville, Mo. Route</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frances W. Brinkman</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Gehner</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Holtgrewe Brinkman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>***</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H. H. Brinkman Owensville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis with terminal bilateral hypostatic pulmonary emphysema</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>both basal and cardiac bronchopneumonia</u></p> <p>DUE TO (c) <u>Advanced arteriosclerosis</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced arteriosclerosis</u></p>					INTERVAL BETWEEN ONSET AND DEATH <u>4 dys</u> <u>4221</u> <u>5 y 13.</u>	
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) _____		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>2-26</u> , 19 <u>51</u> , to <u>3-1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-1</u> , 19 <u>51</u> , and that death occurred at <u>4:15</u> a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Loeal Branch, M.D. - 0</u>				23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>3-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-4-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/4/51</u>	REGISTRAR'S SIGNATURE <u>Dorothy Wallace 363</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Michael N. Winters Owensville Mo.</u>			

(Licensed Embalmer's Statement of Reverse Side)

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

No. 300
10.48

DEC 3 1951

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 29 1951

RECEIVED

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 Mr

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Myford H A Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE, 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.