

STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1951

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **726**

1. PLACE OF DEATH
a. COUNTY **Buchanan**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St Joseph**
c. LENGTH OF STAY (If in place) **7 days**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Mo Methodist Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo**
b. COUNTY **DEKALB**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Amity, Sherman, Twp, 0320**
d. STREET ADDRESS (If rural, give location) **7 Miles, N.W. of Amity**

3. NAME OF DECEASED
a. (First) **JOHN**
b. (Middle) **WILLIAM**
c. (Last) **BRINK**

4. DATE OF DEATH (Month) (Day) (Year)
July 8 51

5. SEX **Male**
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
May, 6, 1873

9. AGE (In years) (Months) (Days) (Hours) (Mins.)
79 3 3

10a. USUAL OCCUPATION (Give kind of work of working life, even if retired)
Father

10b. KIND OF BUSINESS OR INDUSTRY
Farm

11. BIRTHPLACE (State or foreign country)
Mo,

12. CITIZEN OF WHAT COUNTRY?
U.S.

13a. FATHER'S NAME
H.L. Brink

13b. MOTHER'S MAIDEN NAME
Martha Robinson

14. NAME OF HUSBAND OR WIFE
Mary Brink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mary Brink Amity Mo,

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Intestinal Obstruction**
ANTECEDENT CAUSES DUE TO (b) **Carcinoma Pectus aequid**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
10 days
?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
154X

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **July 1, 1951**, to **July 8, 1951**, that I last saw the deceased alive on **July 7, 1951**, and that death occurred at **1⁰⁰P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Robert L. Conrad M.D.

23b. ADDRESS (City, town, or county) (State)
St Joseph Mo

23c. DATE SIGNED
July 10, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
7 - 10 - 51

24c. NAME OF CEMETERY OR CREMATORY
Sharp

24d. LOCATION (City, town, or county) (State)
Amity Mo,

DATE REC'D BY LOCAL REG.
July 10, 1951

REGISTRAR'S SIGNATURE
Carl C. Casty

25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
John Brown Maguire Mo.

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

APR 26 19

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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....

John Brown
.....
Licensed Embalmer No. 3933

Signed.....
Student Embalmer

P. O. Address Waysville 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.