

STANDARD CERTIFICATE OF DEATH

State File No. 802
 BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Franklin</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>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rosebud, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>16 days</u>		d. STREET ADDRESS (If rural, give location) <u>322</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2 1954</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Frederick</u> c. (Last) <u>Brinkmann</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>Sept. 20, 1880</u>	
9. AGE (In years last birthday) <u>73</u>		10. KIND OF BUSINESS OR INDUSTRY <u>insurance</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>salesman</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bay, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>August F. Brinkmann</u>	
13b. MOTHER'S MAIDEN NAME <u>Elisa Ruskaup</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Sutter Brinkmann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give year or dates of service) <u>**</u>		16. SOCIAL SECURITY NO. <u>497-10-1919</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ella Brinkmann</u>		ADDRESS <u>Rosebud, Mo.</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>(Necrosis of Kidney)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>See history</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>C. Generalized Metastasis</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 <u>July 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ca. of Kidney</u>	
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) <u>180x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1953</u> , to <u>2-2, 1954</u> , that I last saw the deceased alive on <u>2-2, 1954</u> , and that death occurred at <u>2:15p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles A. Shum D.M.D.</u>		23b. ADDRESS <u>General of Mo</u>	
23c. DATE SIGNED <u>2-4-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-5-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>E & R Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charlotte (Near Drake) Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/4/54</u>		REGISTRAR'S SIGNATURE <u>99-0</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. H. Winter</u>		ADDRESS <u>OWENSVILLE</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 12 1954

APR 12 1954

MAY 13 1954

APR 12 1954

JUL 23 1954

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Margaret N. N. White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.