FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12716
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 135

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1. PLACE OF DEATH a. COUNTY Cole	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Missouri — Inside Limits Yes # No ☐	c. CITY OR TOWN Kansas City, 3428 — Inside Limits Yes # No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) M.S.P. Hospital — Length of stay in 1b 15 Years	d. STREET ADDRESS (If outside, give location) 2919 Highland Ave. — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print)	First: William	Middle: None	Last: Brinkley	4. DATE OF DEATH	Month 4 Day 25 Year 1956
5. SEX: Male	6. COLOR OR RACE: Colored	7. MARRIED ☐ NEVER MARRIED # WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 2-5-1884	9. AGE (In years last birthday): 73	IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Industry	11. BIRTHPLACE (City and state or country): Unknown	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Unknown		14. MOTHER'S MAIDEN NAME: Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT Address: Missouri State Penitentiary Record Office, Jefferson City, Missouri			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hypertensive Cardiovascular Dis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 12 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 443X

19. WAS AUTOPSY PERFORMED? YES ☐ NO #

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-16-56, to 4-25-56 and last saw her/him alive on 4-25-56

Death occurred at 2/30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh W. Maney M.D. (Degree or Title) Hugh W. Maney, M.D.

22b. ADDRESS Resident Physician, Prison Hospital, Jefferson City, Mo.

22c. DATE SIGNED 4/25/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 4/26/56	23c. NAME OF CEMETERY OR CREMATORY: Kirksville College of Ost	23d. LOCATION (City, town, or county) (State): Kirksville, Missouri
24. FUNERAL DIRECTOR ADDRESS: Jefferson City, Missouri Thorpe Gordon, Funeral Home	25. DATE RECD. BY LOCAL REG.: 27 April 1956	26. REGISTRAR'S SIGNATURE: R. P. Dorris MD-NR	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.