FILED JAN 8 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

44561

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 128

1. PLACE OF DEATH Nevada State Hosp No 3
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION Nevada State Hosp — Length of stay in 1b 3-7-17

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Texas
c. CITY OR TOWN Maples — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Unknown — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last Mintie Brinkley

4. DATE OF DEATH Month Day Year 12-30-1956

5. SEX Fe

6. COLOR OR RACE W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH 9-15-1875

9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months 3 Days 15 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) Missouri

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME John Stevens

14. MOTHER'S MAIDEN NAME Emma Frazier

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

16. SOCIAL SECURITY NO. none

17. INFORMANT Address Adm Pepers

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) Coronary Vessel Disease — INTERVAL BETWEEN ONSET AND DEATH Yes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atheromatous Sclerosis — Yes
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Senil Dementia 4201

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 4-25-55, to 12-30-56 and last saw her ~~him~~ alive on 12-30-56
Death occurred at 8 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD

22b. ADDRESS Nevada Mo

22c. DATE SIGNED 12-30-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 12-31-56

23c. NAME OF CEMETERY OR CREMATORY Hutchinson Cemetery

23d. LOCATION (City, town, or county) (State) Texas County Mo.

24. FUNERAL DIRECTOR Smith-Ferguson — ADDRESS Licking, Missouri

25. DATE RECD. BY LOCAL REG. 1-3-1957

26. REGISTRAR'S SIGNATURE Anna J. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Percy F. Milste

Licensed Embalmer No. 48

P. O. Address Nevada

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.