

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014659

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 353 Primary Registration District No. 6194 Registrar's No. 7

FILED MAR 20 1963

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Tx</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sherrell-twp</u>		Length of stay in lb <u>Lifetime</u>	c. CITY OR TOWN <u>Maples</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1/4 mi W. of. Maples Tx</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Cleo Beatrice Brinkley</u>			4. DATE OF DEATH Month Day Year <u>3-9-1963</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-22-1908</u>	9. AGE (last birthday) <u>54</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	11. BIRTHPLACE (City and state or country) <u>Maples Tx</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>John Kirk</u>		13b. MOTHER'S MAIDEN NAME <u>Mahalia Floyd</u>		14. NAME OF HUSBAND OR WIFE <u>Warren Brinkley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Warren Brinkley</u> Address <u>Maples</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac + pulmonary arrest

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cachexia + debilitation 1 year

DUE TO (c) Carcinomatosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cancer of the breasts with metastases

PART III. If deceased was female was there a pregnancy in last 90 days Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 <u>1962</u> to <u>1963</u> and last saw her/him alive on <u>3-8-63</u> . Death occurred at <u>1:10</u> P on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>B. J. Myers D.O.</u>	22b. ADDRESS <u>Licking, Mo.</u>	22c. DATE SIGNED <u>3-11-63</u>
--	----------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-12-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery Texas Co.</u>	23d. LOCATION (City, town, or county) (State) <u>Maples Tx</u>
24. FUNERAL DIRECTOR ADDRESS <u>Smith-Ferguson Licking, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 11-1963</u>	26. REGISTRAR'S SIGNATURE <u>Elvora E. Hesse</u>

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
1 1070
2 1070
3
4 1
5 1
6
7 0
8 0
9 170X
10
11
12 90-2
13 1-0

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

NOV 8 1963

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Erbert E. Ferguson

Licensed Embalmer No.

3945

P. O. Address

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

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