

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032092  
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 325

DO NOT WRITE ON THIS STUB  
AMENDED

VS 300 Rev. 4/59	DATE AMENDED
10809	
20808	
3	
4 1	
5 1	
6	
7 1	
8 2	
94200	
10	
11	
12 1-0	
13 1-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

FILED SEP 24 1963			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>SEDALIA</u>		Length of stay in 1b	c. CITY OR TOWN <u>SEDALIA</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bathwell Mem. Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1304 W. 4th. St.</u>
3. NAME OF DECEASED (Type or print) First <u>EDNA</u> Middle <u>MARIE</u> Last <u>BRINK</u>		4. DATE OF DEATH Month <u>Sept</u> Day <u>17</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>SEP. 2, 1903</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE (last birthday) <u>70</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
11. BIRTHPLACE (City and state or country) <u>Alton, Illinois</u>	14. NAME OF HUSBAND OR WIFE <u>Fred W. Brink</u>		
13a. FATHER'S NAME <u>Henry Wiegand</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Schellenberg</u>	17. INFORMANT <u>F. W. Brink</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	Address <u>2, W. Brink</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerotic Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>17 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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>Jan. 8, 1958</u> to <u>Sept. 17, 1963</u> and last saw her alive on <u>Sept. 16, 1963</u> Death occurred at <u>8:15 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>T. S. Hopkins, M.D.</u>		22b. ADDRESS <u>1609 S. First Sedalia, Mo.</u>	22c. DATE SIGNED <u>9-18-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sep. 19, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem. Sedalia</u>	23d. LOCATION (City, town, or county) <u>Mo.</u>
24. FUNERAL DIRECTOR <u>Mc Laughlin Bros. Sedalia, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Sept 18, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Francis A. Anderson</u>	

(Licensed Embalmer's Statement on Reverse Side)

EXHIBIT 21-1-103

OCT 6 1966

SEP 29 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 K.P. Mcrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.