

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-042808**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 92

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED NOV 26 1963**

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lamar</u>		Length of stay in 1b <u>6 months</u>	c. CITY OR TOWN <u>Lamar</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Barton Co. Memorial Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>INEZ</u> Last <u>BRINKERHOFF</u>			4. DATE OF DEATH Month <u>November</u> Day <u>16</u> Year <u>1963</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-21-1876</u>	9. AGE (last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Lamar, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Edson VanDeMark</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Lee</u>	
14. NAME OF HUSBAND OR WIFE <u>O. J. Brinkerhoff</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. <input type="checkbox"/>	
17. INFORMANT <u>Mr. Arthur Brinkerhoff, Lamar, Mo.</u>		Address			

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
DUE TO (b) <u>Arteriosclerosis &amp; A. Fibrillation - yrs?</u>		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral Accident</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 7-4-63 to 11-16-63 and last saw him alive on 11-16-63  
Death occurred at 6:05 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <u>Herbert M. Arnold M.D.</u>		22b. ADDRESS <u>Lamar, Missouri</u>		22c. DATE SIGNED <u>11-18-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-19-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>	

24. FUNERAL DIRECTOR <u>Chiles Funeral Home, Lamar, Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>11-19-1963</u>	26. REGISTRAR'S SIGNATURE <u>Marie Konantz</u>
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(Licensed Embalmer's Statement on Reverse Side)

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF SHOULD READ BY AFFIDAVIT OF

DATE AMENDED

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 6 1966

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 Clarence Schile

Licensed Embalmer No. 3473

P. O. Address Jamar 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.