

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED FEB 8 1949

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Bernon</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Rural Wash. Twp. 15y 3m 30</u>		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Springfield 37 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>858 Washington 6</u>	
3. NAME OF DECEASED (Type or Print) <u>JENNIE E. BRINNELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 2 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>6-30-1891</u>
9. AGE (In years last birthday) <u>57 5</u>		9. AGE (In years last birthday) <u>57 5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield Mo. Miss.</u>	
13a. FATHER'S NAME <u>Chas. J. Brinnell</u>	13b. MOTHER'S MAIDEN NAME <u>Mathilda Prunier</u>	14. NAME OF HUSBAND OR WIFE <u>Pringle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record, New</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bus, etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Mo. Greene</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>1-15</u> , 19 <u>49</u> , to <u>2-2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-2</u> , 19 <u>49</u> , and that death occurred at <u>11</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. H. Hall</u>		23b. ADDRESS <u>Newbern Mo</u>	23c. DATE SIGNED <u>2-2-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-2-'49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 2, 1949</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Yancey</u>	331	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Tahmeyer</u> ADDRESS <u>Funeral Home Springfield, Missouri</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 1-49-23

Date Filed 2-7-49

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
Student Embalmer

Signed Jewell E. Wudke

Licensed Embalmer No. 2831

P. O. Address Springfield 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 this body is not embalmed, fact should be so stated above.