No. 300
10-48

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7224

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6252 Registrar's No. 2

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

111 0 0

1. PLACE OF DEATH
a. COUNTY: WAYNE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEEPER
c. LENGTH OF STAY (in this place): 5 DA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: WAYNE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MILLSPRING 111 0
d. STREET ADDRESS (If rural, give location): 0 0

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): ELIZABETH
c. (Last): JOINER

4. DATE OF DEATH (Month) (Day) (Year): JAN 26 1949

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 17
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 8, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): WAYNE CO. MO. 10
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ALLEN BRINKLEY
13b. MOTHER'S MAIDEN NAME: JENNIE B. SPRINGFIELD
14. NAME OF HUSBAND OR WIFE: LISH JOINER

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'S SIGNATURE OR NAME: Albert Joiner — ADDRESS: Millspring

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hos Crop Nephritis for 1 year. 331
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arterial Sclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1949, *to* Jan 26, 1949, *that I last saw the deceased alive on* Jan 15, 1949, *and that death occurred at* 12:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. S. Jones M.D. 0
23b. ADDRESS: Piedmont Mo
23c. DATE SIGNED: 2-4-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN 29
24c. NAME OF CEMETERY OR CREMATORY: MILL SPRING
24d. LOCATION (City, town, or county) (State): MILL SPRING

DATE REC'D BY LOCAL REG.: Feb 11-49
REGISTRAR'S SIGNATURE: Susie E. Piles 340
25. FUNERAL DIRECTOR'S SIGNATURE: Norman W. Hirk — ADDRESS: Piedmont Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

[illegible] Health Officer No. 4

[illegible] File Number 349-320

Date Filed 3-7-49

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 me, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Marvin E. Gaule

Licensed Embalmer No. 4426

P. O. Address Piedmont, 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.