

FILED MAR 22 1949

STANDARD CERTIFICATE OF DEATH

State File No. **8284**
872

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (If in place) 62 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY			
d. FULL NAME OF HOSPITAL OR INSTITUTION 11 EAST 33RD. STREET				d. STREET ADDRESS (If rural, give location) 11 EAST 33RD. STREET			
3. NAME OF DECEASED (Type or Print)		a. (First) ELIZABETH		b. (Middle) BARBARA		c. (Last) BRINK	
4. DATE OF DEATH		(Month) 2		(Day) 23		(Year) 49	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JANUARY 19 1882	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 15 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Quincy, Illinois</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME JACOB WILLIAMS			13b. MOTHER'S MAIDEN NAME MARGARET SCHAEFFER			14. NAME OF HUSBAND OR WIFE BERNARD H. BRINK	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MISS EDNA BRINK, 11 EAST 33RD. ST.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction DUE TO (c) Coronary arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardio vascular Ht. disease				INTERVAL BETWEEN ONSET AND DEATH 3 days 24 days 10 years	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>January 30, 1949</u> , to <u>February 13, 1949</u> , that I last saw the deceased alive on <u>February 23, 1949</u> , and that death occurred at <u>8 p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Blaine Z. Hibbard (Degree or title) <i>Blaine Z. Hibbard M.D.</i>				23b. ADDRESS 411 Alameda Rd. K.C. Mo		23c. DATE SIGNED Feb 25, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-26-49		24c. NAME OF CEMETERY OR CREMATORY MT. ST. MARY'S CEMETERY KANSAS CITY, MISSOURI.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 2-25-49		REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. F. Howell</i>		ADDRESS 3256 BROADWAY	

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

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.....

Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. 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.