

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8744

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3368		Registrar's No. 98	
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) OR TOWN R. 1 - Box 115				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Blue township			
d. FULL NAME OF HOSPITAL OR INSTITUTION R. 1 - Box 115				d. STREET ADDRESS (If rural, give location) R. 1 - Box 115			
3. NAME OF DECEASED (Type or Print) James Hardin Brinton		a. (First)		b. (Middle)		c. (Last)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH July 1, 1866	
9. AGE (In years last birthday) 82		10. MONTH (Day) (Year) March 13, 1949		11. BIRTHPLACE (State or foreign country) Illinois /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. Wallace Brinton		13b. MOTHER'S MAIDEN NAME Betty Byers		14. NAME OF HUSBAND OR WIFE Stella & Elizabeth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wallace M. Brinton 1190 E. 66 th K.C. MO.			
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 Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 days yes	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 234A				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 8/6, 1946, to 3/13, 1949, that I last saw the deceased alive on 3/5, 1949, and that death occurred at m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Vance E. Link, M.D.		23b. ADDRESS 1st Nat'l. Bank Bldg. INDEPENDENCE, MO.		23c. DATE SIGNED 3/14/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 15, 1949		24c. NAME OF CEMETERY OR CREMATORY Mt Washington Cem.		24d. LOCATION (City, town, or county) (State) Jackson County Mo.	
DATE REC'D BY LOCAL REG. Mar 15-1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Ott-Mitchell		ADDRESS Indep. Mo.	

(Licensed Emballer's Statement on Reverse Side)

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, only

Student Embalmer No. _____

working under my personal supervision.

Signed _____



Signed _____
Student Embalmer

Licensed Embalmer No. 3156

P. O. Address Independence 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.