

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **36850**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1330

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (in this place) 12 years		d. STREET ADDRESS (If rural, give location) 1515 1/2 Faraon Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1515 1/2 Faraon Street			

3. NAME OF DECEASED (Type or Print) a. (First) Jurusha b. (Middle) Hadley c. (Last) Brinkley			4. DATE OF DEATH (Month) (Day) (Year) December 3, 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH December 29, 1865		9. AGE (in years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Howell County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ira W. Towell	
13b. MOTHER'S MAIDEN NAME Eli, abeth Hawkins		13c. NAME OF HUSBAND OR WIFE James Wesley Brinkley		14. DATE OF BIRTH (Month) (Day) (Year)	
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 Mrs. Beatrice Morgan ADDRESS St. Joseph, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metral Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH ?	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arthritis - Shoulder		?	
DUE TO (c) Lords: knees		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility		410X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 7/24, 1949, to Dec 3, 1949, that I last saw the deceased alive on Dec 1, 1949, and that death occurred, at 8:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE Frank W. Vandegriep M.D. (Degree or title)		23b. ADDRESS St. Joseph, Mo. 670 Francis St.		23c. DATE SIGNED 12/13/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE December 4, 1949		24c. NAME OF CEMETERY OR CREMATORY Pilman Cemetery	
24d. LOCATION (City, town, or county) Newburg, Missouri		24e. (State)		25. FUNERAL DIRECTOR'S SIGNATURE Halter Meierhoffer ADDRESS 1046 Colhoun St. St. Joseph, Mo.	

DATE REC'D BY LOCAL REG. **Dec. 6, 1949** REGISTRAR'S SIGNATURE **E. L. Jenkins 382**

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 *Albert C. Harrington*

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.