

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 754

370
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>5439</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Canaan Twp.</u>		c. LENGTH OF STAY (In this place) <u>60 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Canaan Twp.</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Owensville, Route</u>				d. STREET ADDRESS (If rural, give location) <u>Owensville, Mo. Route</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carolina</u> b. (Middle) <u>Louise</u> c. (Last) <u>Brinkman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5 1950</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>4-25-1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>***</u>		11. BIRTHPLACE (State or foreign country) <u>Beemont, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Herman Holtgrewe</u>		13b. MOTHER'S MAIDEN NAME <u>Julian Muellenbrock</u>		14. NAME OF HUSBAND OR WIFE <u>Henry E. Brinkman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No ***</u>		16. SOCIAL SECURITY NO. <u>***</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry Brinkman Owensville, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES 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>Advanced Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> <u>4 1/2</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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>1-5</u> , 19 <u>50</u> , to <u>1-5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-5</u> , 19 <u>50</u> , and that death occurred at <u>4 2</u> a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paula Borman, M.D.</u>			23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>1-6-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-8-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 10, 1950</u>		REGISTRAR'S SIGNATURE <u>Archie Wackman</u> <u>363</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Milford H. H. Winder</u>		ADDRESS <u>OWENSVILLE</u>	

District File Number
District Health Officer No. 9
RECEIVED
JAN 17 1950

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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.

Signed Merford H. H. Winters

Signed
Student Embalmer

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.