

FILED MAR. 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5868
Registrar's No. 4

BIRTH NO. _____ REG. DIST. NO. 31A PRIMARY REG. DIST. NO. 2055

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>		
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Taber</u>		c. LENGTH OF STAY (in this place) <u>3-2 1/2 yrs</u>	c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Taberville</u> <u>0930</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Taberville Mo</u>			d. STREET ADDRESS (If rural, give location) <u>Mo</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>SOPHIA</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>BRINKMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 23 1950</u>		
5. SEX <u>Fem</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>June 9th 1863</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR: (Month) (Day) <u>7 14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Cyrus Patterson</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Brinkman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>+</u> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>+</u>	17. INFORMANT'S SIGNATURE OR NAME . ADDRESS <u>Joe Brinkman Rockville 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, ashenia, 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 MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Chronic Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>10 yrs</u> <u>10 yrs</u> <u>592X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		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) (Minute)		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>10/20</u> , 19 <u>45</u> , to <u>2/23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2/20</u> , 19 <u>50</u> , and that death occurred at <u>4 a.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>M. O. Bjeike, P.O.</u>			23b. ADDRESS <u>Rockville Mo.</u>		23c. DATE SIGNED <u>2/24/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>27 Feb 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Taberville Cnd</u>		24d. LOCATION (City, town, or county) (State) <u>Taberville Mo St. Clair</u>
DATE REC'D BY <u>REC 4/1/50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Elva Ahney</u> <u>285</u>		25. FUNERAL DIRECTOR'S SIGNATURE . ADDRESS <u>Frank Lee Applegate City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

930
1

RECEIVED

District Health Officer No. 7,

District File Number 2-50-181

Date Filed 3-7-50

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 _____

23 of Feb 1950

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton Wis - MD

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.