

FILED APR 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 8247

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5443 Registrar's No. 5

0370

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

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Roark Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Roark Twp	
c. LENGTH OF STAY (in this place) 2 yrs		d. STREET ADDRESS (If rural, give location) 4 1/2 Mi. S. W. of Hermann	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 1/2 mi. S. W. of Hermann		d. STREET ADDRESS (If rural, give location) 4 1/2 Mi. S. W. of Hermann	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) FREDERICH c. (Last) BRINK			4. DATE OF DEATH (Month) (Day) (Year) March 2 1950		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Feb. 2-1878		9. AGE (in years last birthday) 72		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Bay Mo		12. CITIZEN OF WHAT COUNTRY? US	
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13a. FATHER'S NAME John Brink		13b. MOTHER'S MAIDEN NAME Marie Meier		14. NAME OF HUSBAND OR WIFE Ida Brink	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Arno Brink, Hermann, Mo. R #1		ADDRESS	
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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) STROKE - CEREBRO-VASCULAR ACCIDENT  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GEN. ARTERIOSCLEROSIS  DUE TO (c) Benign prostatic hypertrophy				INTERVAL BETWEEN ONSET AND DEATH 10 days  years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				years 33 IX	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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?	
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22. I hereby certify that I attended the deceased from 10-29, 1947, to 3-2, 1950, that I last saw the deceased alive on 2-15, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE Camel T. Shaw MD (Degree of title)		23b. ADDRESS Hermann, Mo.		23c. DATE SIGNED 3-4-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 5-1950		24c. NAME OF CEMETERY OR CREMATORY Bay St. Paul Cemetery		24d. LOCATION (City, town, or county) (State) Bay, Missouri	
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DATE REC'D BY LOCAL REG. 3/4/50		REGISTRAR'S SIGNATURE [Signature]		10205 FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Hermann, Mo	
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District File Number

District Health Officer No. 9

RECEIVED APR 6 1950

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

*Gregory Plummer*

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.