

S. No. 300
v. 10.48

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15894

State File No. _____

0117

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 6435

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 township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 5 days		d. STREET ADDRESS (If rural, give location) 1724 Belle Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin		b. (Middle) Bryant	
c. (Last) Brinton		4. DATE OF DEATH (Month) (Day) (Year) May 29, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH September 2, 1874
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Cattle driver		10b. KIND OF BUSINESS OR INDUSTRY Armour & Co.	
11. BIRTHPLACE (State or foreign country) Buchanan County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas E. Brinton		13b. MOTHER'S MAIDEN NAME Ella Hollingsworth	
14. NAME OF HUSBAND OR WIFE Ella Brinton			
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. 487-09-2050	
17. INFORMANT'S SIGNATURE OR NAME Hazel Ligar		ADDRESS St. Joseph, Missouri.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>			
MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 3 MOS.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) NEPHROSCLEROSIS			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS, GENERAL			UNKNOWN
DUE TO (c) _____			4 42X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE			UNKNOWN
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION none	
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.) none	
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 checked="" type="checkbox"/> none	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>4-15</u> , 19 <u>50</u> , to <u>5-29</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-28</u> , 19 <u>50</u> , and that death occurred at <u>8:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Allen Sherman		23b. ADDRESS 1720 Francis St.	
23c. DATE SIGNED 6-1-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/31/50.	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
DATE REC'D BY LOCAL REG. June 2, 1950		REGISTRAR'S SIGNATURE E. B. Jenkins	
25. FUNERAL DIRECTOR'S SIGNATURE Walter Reinhardt		ADDRESS 1046 Colhoun St. St. Joseph, Mo.	

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

Handwritten signature

Handwritten initials

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.

Signed *Clayton Harrington*

Signed *****
Student Embalmer

Licensed Embalmer No. 525B 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.