

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4386

State File No.

BIRTH NO.		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>5441</u>		Registrar's No. <u>8</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 Third Creek Twp</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Third Creek Twp.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Owensville Rt. 2</u>				d. STREET ADDRESS (If rural, give location) <u>Owensville Rt. 2</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u> b. (Middle) <u>FRED</u> c. (Last) <u>BRINKMANN</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1951</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Aug. 13, 1893</u>			
9. AGE (In years last birthday) <u>57</u>		10. UNDER 1 YEAR Months <u> </u> Days <u> </u>		11. UNDER 1 MRS. Hours <u> </u> Min. <u> </u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>His own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Owensville, Mo.</u>			
13a. FATHER'S NAME <u>H.F. Brinkmann</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Giedinghagen</u>		14. NAME OF HUSBAND OR WIFE <u>**</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>				16. SOCIAL SECURITY NO. <u>**</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Chas. Kramme 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>STRANGULATION by ROPE</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(SELF INFLECTED)</u> DUE TO (c) <u>(IN BARN AT HOME)</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>E 974x</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) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>BARN -</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u> </u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Hugh H. Oliver 3rd Coroner</u>				23b. ADDRESS <u>Hennau Ma</u>		23c. DATE SIGNED <u>7/19/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-22-1951</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>Feb. 23, 1951</u>		REGISTRAR'S SIGNATURE <u>Wendy Wallace</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wendy Wallace 363 Owensville</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 28 1951

RECEIVED

MAR 14 1951

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.

Student

Student Embalmer

Signed

Myron H. H. White

Licensed Embalmer No. 3138

P. O. Address OWENSVILLE

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.