

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12177

BIRTH NO. _____		REG. DIST. NO. 117		PRIMARY REG. DIST. NO. 5436		Registrar's No. 3			
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 Boulware Twp.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boulware Twp. 0371					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bay, Mo.				d. STREET ADDRESS (If rural, give location) Bay, Mo. 0					
3. NAME OF DECEASED (Type or Print) Louisa		a. (First)		b. (Middle) Brinkman		c. (Last)			
4. DATE OF DEATH April 27, 1951		(Month)		(Day)		(Year)			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH May 4, 1861			
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Drake, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Schauf		13b. MOTHER'S MAIDEN NAME Sophia Ruegge		14. NAME OF HUSBAND OR WIFE F. W. Brinkman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. ***		17. INFORMANT'S SIGNATURE OR NAME Geo. Brinkman		ADDRESS Bay, Mo.			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Cancer 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. 151X INTERVAL BETWEEN ONSET AND DEATH 6 Months				19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION No 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 Nov. 10, 1951, to April 22, 1951, that I last saw the deceased alive on April 20, 1951, and that death occurred at 5:45 p.m., from the causes and on the date stated above.									
23a. SIGNATURE E. G. Rhodius M.D. (Degree or title)				23b. ADDRESS Hermann		23c. DATE SIGNED April 27/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-29-1951		24c. NAME OF CEMETERY OR CREMATORY Zoar M. E. Cemetery		24d. LOCATION (City, town, or county) (State) near Drake, Mo.			
DATE REC'D BY LOCAL REG. Apr. 27-1951		REGISTRAR'S SIGNATURE O. P. Hunderwiler		25. FUNERAL DIRECTOR'S SIGNATURE Melford N H Winters		ADDRESS OWENSVILLE			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 8 1951

RECEIVED

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 Melvin H. H. Winter

Licensed Embalmer No. 383F

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.