

FILED OCT 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34625

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5964 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <i>Platte</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <i>Mo</i> b. COUNTY <i>Platte</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural. Platte</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural. Platte</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>6 miles N.W. Parkville</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>at home</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Octavo</i> b. (Middle) <i>Griffith</i> c. (Last) <i>Brink</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 22-1951</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>April 3, 1860</i>	9. AGE (In years last birthday) <i>91</i>	10. IF UNDER 1 YEAR: Months <i>5</i> Days <i>18</i> Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	11. BIRTHPLACE (State or foreign country) <i>Parkville, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>Mo</i>

13a. FATHER'S NAME <i>Wm Griffith</i>		13b. MOTHER'S MAIDEN NAME <i>don't know</i>		13c. NAME OF HUSBAND OR WIFE <i>John W. Brink, died 1918</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Dillard Brink Parkville</i>	

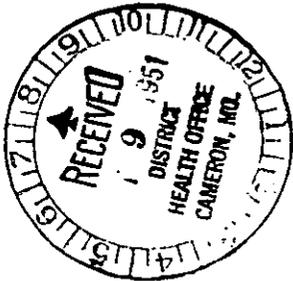
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>4201</i>	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 _____, 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) <i>Tom H. Hulbert coroner</i>		23b. ADDRESS <i>Platte City, Mo</i>		23c. DATE SIGNED <i>Sept 22-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Sept 25-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Noland</i>	24d. LOCATION (City, town, or county) (State) <i>Parkville, Mo</i>		
DATE REC'D BY LOCAL REG. <i>Sept 25-51</i>	REGISTRAR'S SIGNATURE <i>Alphia Rollins</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Leland H. Francis</i>	ADDRESS <i>Parkville, Mo</i>		

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



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, only

working under my personal supervision.

Student Embalmer No.

Signed

Leland H. Francis

Signed
Student Embalmer

Licensed Embalmer No. 3451

P. O. Address Parkville, 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.