

No. 300
10:48

DEC 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5935 State File No. 38346

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3057 Registrar's No. 373

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| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Buena Vista Home</u> | | d. STREET ADDRESS (If rural, give location) <u>1320 So. Osage</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MAMIE</u> b. (Middle) <u>ELIZA</u> c. (Last) <u>BRINGES</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 3, 1951</u> | | |
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|----------------------|-------------------------------|--|---------------------------------------|---|---|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Jan. 3 - 1865</u> | 9. AGE (In years last birthday) <u>86</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
|----------------------|-------------------------------|--|---------------------------------------|---|---|--|

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|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Morgan Co. Mo</u> | 12. COUNTRY OF WHAT COUNTRY? <u>U.S.A</u> |
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| 13a. FATHER'S NAME <u>James Dinwiddie</u> | 13b. MOTHER'S MAIDEN NAME <u>Anne Davis</u> | 14. NAME OF HUSBAND OR WIFE <u>Louis A. Bringes</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) (If yes, give war or date of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Erwin Bringes</u> | ADDRESS <u>Clayton Mo</u> |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Suppression of Urine.</u> | | |
| | ANTECEDENT CAUSES Hypertensive Heart Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility.</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Arterio- Sclerosis, Advanced. | | 3 yrs. | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>Medical treatment only.</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>443X</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</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 over 5 yrs 19, to Dec. 3rd, 1951, that I last saw the deceased alive on Dec. 2nd, 19 51, and that death occurred at 8 A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u> | (Degree or title) <u>Jno. B. Carlisle M.D.</u> | 23b. ADDRESS <u>314 South Ohio Street, Sedalia, Mo.</u> | 23c. DATE SIGNED <u>12-4-51</u> |
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|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-5-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u> |
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|---|---|--|---------------------------|
| DATE REC'D BY LOCAL REG. <u>12-5-51</u> | REGISTRAR'S SIGNATURE <u>A. J. Campbell M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u> | ADDRESS <u>Sedalia</u> |
|---|---|--|---------------------------|

201-0 (Licensed Embalmer's Statement on Reverse Side)

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

1804

RECEIVED DEC 11 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed ~~DEC 11 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

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

K P M Enary

Licensed Embalmer No. *3153*

P. O. Address *Sebalia*

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.