

STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1951

BIRTH NO. _____ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **4124**

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

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kahoka		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Revere 02:00	
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location) ✓	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stark Nursing Home			

3. NAME OF DECEASED a. (First) Shirley b. (Middle) A. c. (Last) Brink			4. DATE OF DEATH (Month) (Day) (Year) Dec 2 1951		
5. SEX F.M.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 16-1876	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		11. BIRTHPLACE (State or foreign country) Clark Co. Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME John Langley		13b. MOTHER'S MAIDEN NAME Hannah Dowler		14. NAME OF HUSBAND OR WIFE Roy Brink	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. W. Price Kahoka Mo.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis Aqutans		INTERVAL BETWEEN ONSET AND DEATH 6 years	
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 350X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 **Oct 20, 1951** to **Nov 2, 1951**, that I last saw the deceased alive on **Nov 30, 1951**, and that death occurred at **10:00 m.**, from the causes and on the date stated above.

23a. SIGNATURE J. L. Mornell M.D. (Degree or title)		23b. ADDRESS Revere Mo		23c. DATE SIGNED 12-11-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12-5-51		24c. NAME OF CEMETERY OR CREMATORY Revere Cemetery	
24d. LOCATION (City, town, or county) Revere Mo.					

DATE REC'D BY LOCAL REG. 12/13-51		REGISTRAR'S SIGNATURE J. L. Mornell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred J. Karle	
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Date Received: DEC 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-2291
Date Filed: DEC 19 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 Fred Karle

Licensed Embalmer No. 1023

P. O. Address Kahoke 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.