

RECORDED
12-20-51
10-48
FILED DEC 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42265

State File No.

0644
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BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>388</u>			
1. PLACE OF DEATH a. CITY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>					
b. CITY OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Hannibal</u>		0644			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexering Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>803 S. Main St</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u>		b. (Middle) <u>J</u>		c. (Last) <u>Brinkley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10, 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 16, 1907</u>			
9. AGE (In years last birthday) <u>44</u>		10. MONTHS <u>10</u>		11. BIRTHPLACE (State or foreign country) <u>Gora, Mo</u>		12. CITIZEN OF WHAT COUNTRY?			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Hampton Brinkley</u>		13b. MOTHER'S MAIDEN NAME <u>May Nollen</u>		14. NAME OF HUSBAND OR WIFE <u>Vina</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-14-5926</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vina Brinkley</u> ADDRESS <u>803 S. Main Hannibal 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				DUE TO (b) _____				Instant	
ANTECEDENT CAUSES				DUE TO (c) _____					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				II. OTHER SIGNIFICANT CONDITIONS				3 months	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary embolism</u> <u>pericarditis hypertrophy</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>Hannibal Marion Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>10-1-51</u> , 19 <u>51</u> , to <u>12/10/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12/5/51</u> , 19 <u>51</u> , and that death occurred at <u>12:30</u> pm., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. H. Hartschmidt M.D.</u>				23b. ADDRESS <u>508 Broadway Hannibal</u>		23c. DATE SIGNED <u>12/13/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-13-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ladies Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Ladies Lane, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>12-13-51</u>		REGISTRAR'S SIGNATURE <u>H. C. Fisher Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u> ADDRESS <u>Hannibal Mo</u>					

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

RECEIVED DEC 13 1951
SHERBORN CO. HEALTH DEPT.
DATE FILED DEC 21 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 Michael J. O'Connell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.