

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 30

1. PLACE OF DEATH
 a. COUNTY PETTIS
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA
 c. LENGTH OF STAY (In this place) 20 hrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) HOME-410 W. 4th.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE MISSOURI b. COUNTY PETTIS
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA 0834
 d. STREET ADDRESS (If rural, give location) 410 W. 4th, St.

3. NAME OF DECEASED
 a. (First) WILLIAM b. (Middle) J. c. (Last) BRINKOETTER

4. DATE OF DEATH (Month) (Day) (Year)
JANUARY 29, 1952

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH
NOV. 14, 1871

9. AGE (In years last birthday) 80

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED FARMER

10b. KIND OF BUSINESS OR INDUSTRY
FARMING

11. BIRTHPLACE (State or foreign country)
CONCORDIA, MO.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
HERMAN BRINKOETTER

13b. MOTHER'S MAIDEN NAME
ANNIE BUCKSTEIGEN

14. NAME OF HUSBAND OR WIFE
THERESA BRINKOETTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
THERESA BRINKOETTER, SEDALIA, 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.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration
 ANTECEDENT CAUSES Rheumatic fever
 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.

INTERVAL BETWEEN ONSET AND DEATH
Year
30 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4/6x

20. AUTOPSY?
 YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1951, to Jan 29, 1952, that I last saw the deceased alive on Jan 29, 1952, and that death occurred at 10:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)

23b. ADDRESS Woodland Hwy Sedalia

23c. DATE SIGNED 1-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
FEB. 1, 1952

24c. NAME OF CEMETERY OR CREMATORY
CONCORDIA CEM.

24d. LOCATION (City, town, or county) (State)
CONCORDIA, MO.

DATE REC'D BY LOCAL REG.
2/1-1952

REGISTRAR'S SIGNATURE
[Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
[Signature] Sedalia Mo

GILLESPIE FUNERAL HOME

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

804

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 Russell C. Maag.....

Licensed Embalmer No. 4807.....

P. O. Address Sedalia, 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.