

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 10 1952

BIRTH NO. REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give town or town) OR TOWN Lamar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Golden City Twp.	
c. LENGTH OF STAY (In this place) 19 days		d. STREET ADDRESS (If rural, give location) Route 2	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Barton County Memorial			

3. NAME OF DECEASED (Type or Print) Ozias	a. (First)	b. (Middle) J.	c. (Last) Brinkerhoff	4. DATE OF DEATH (Month) (Day) (Year) Mar. 2, 1952
---	------------	----------------	-----------------------	--

5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 22, 1882	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
-------------	------------------------	--	---------------------------------	------------------------------------	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	--	--	---------------------------------------

13a. FATHER'S NAME George Brinkerhoff	13b. MOTHER'S MAIDEN NAME Melinda Krieger	14. NAME OF HUSBAND OR WIFE Mary Brinkerhoff
---------------------------------------	---	--

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 Mrs. Mary Brinkerhoff, Lamar, Mo.	ADDRESS
---	------------------------------	---	---------

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 Sudden Sudden years 2 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		
	ANTECEDENT CAUSES Coronary Thrombosis Arteriosclerotic C-V disease Bilat. lobar pneumonia Acute Cholecystitis		
DUE TO (b) Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) 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 490X	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 2/12, 1952 to 3/2, 1952, that I last saw the deceased alive on 3/2/52, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE A. R. Cain (Degree or title) M.D.	23b. ADDRESS Lamar, Mo	23c. DATE SIGNED 3/3/52
--	------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-5-1952	24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	24d. LOCATION (City, town, or county) (State) Lamar, Missouri
--	--------------------	--	---

DATE REC'D BY LOCAL REG. MAR 5 - 1952	REGISTRAR'S SIGNATURE Marie Konarski	25. FUNERAL DIRECTOR'S SIGNATURE Chiles Funeral Home, Lamar, Mo	ADDRESS
---------------------------------------	--------------------------------------	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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

2561

Mr. Carr

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, ~~as by~~ *[Signature]*

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Clarence W. Childs*

Licensed Embalmer No. *3413*

P. O. Address *Ames 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.