

RECEIVED JUL 7 1952

STANDARD CERTIFICATE OF DEATH

Dq Nixon 21102  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. CITY (If outside corporate limits) write RURAL and give township) <u>Brookfield</u> <u>05E2</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>321 S State</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>321 S State</u>			
3. NAME OF DECEASED a. (First) <u>DANIEL</u> b. (Middle) <u>HAMPTON</u> c. (Last) <u>BRINKLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July-2-1952</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Sept-27-1884</u>
9. AGE (in years last birthday) <u>67</u>		10. MONTHS <u>9</u>	11. DAYS <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Sullivan Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>James Brinkley</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Woods</u>	
14. NAME OF HUSBAND OR WIFE <u>Sarah Brinkley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Brinkley</u>		18. ADDRESS <u>Brookfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis with edema &amp; ascites</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Diabetes mellitus</u>  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 <u>260 X</u>	
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 <u>Sept 51, 1951</u> , to <u>July 2, 1952</u> , that I last saw the deceased alive on <u>June 10, 1952</u> , and that death occurred at <u>11</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John R. Dyer M.D.</u>		23b. ADDRESS <u>Brookfield Mo</u>	
23c. DATE SIGNED <u>7-3-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July-4-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>White Oak Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan Co - Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-5-52</u>		REGISTRAR'S SIGNATURE <u>Nadine Stambaugh</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Blacklock</u>		ADDRESS <u>Brookfield Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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VS. NOV 8 1933

**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 J. B. Blacklock  
Licensed Embalmer No. 2246

P. O. Address Brookfield Ma

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.