

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24246**

No. 300
10.48

FILED JUL 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>131</u>	PRIMARY REG. DIST. NO. <u>5471</u>	Registrar's No. <u>11</u>
1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>GRUNDY</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL WASHINGTON TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL 0400</u>		
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>WASHINGTON TOWNSHIP</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				
3. NAME OF DECEASED a. (First) <u>BESSIE</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>BRINNEN</u>
(Type or Print)		4. DATE OF DEATH <u>July-21-1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB-3-1882</u>	9. AGE (If years last birthday) <u>70</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>HENRY KERNS</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN SPERRY</u>		14. NAME OF HUSBAND OR WIFE <u>WESLEY BRINNEN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>WOODROW BRINNEN SPICKARD</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>CEREBRAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
ANTECEDENT CAUSES DUE TO (b) <u>hypertension</u>		DUE TO (c) <u>myocarditis and nephritis</u>		<u>3 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>3 yrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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>July 2, 1952</u> , to <u>July 21, 1952</u> , that I last saw the deceased alive on <u>March</u> , 1952, and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Deon L. Tuttle, M.D.</u>		23b. ADDRESS <u>Princeton, MO</u>		23c. DATE SIGNED <u>7-21-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July-23-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SALEM CEM.</u>
24d. LOCATION (City, town, or county) (State) <u>GRUNDY CO. MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SCHOOLER FUNERAL HOME SPICKARD MO.</u>		
DATE REC'D BY LOCAL REG. <u>7/23/52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nathan Cooper</u>		ADDRESS <u>114-0</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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

Ross Wise

Licensed Embalmer No.

3771

P. O. Address

Richmond 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.