

5413

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 5 - 1953

BIRTH NO.		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>4188</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>			
c. LENGTH OF STAY (in this place) <u>50 yrs.</u>				d. STREET ADDRESS (If rural, give location) <u>206 E. Washington</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>206 E. Washington Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>206 E. Washington</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ida</u>		b. (Middle) <u>Tillie</u>		c. (Last) <u>Brinkmann</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u>		(Day) <u>11</u>		(Year) <u>1953</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 5, 1879</u>		9. AGE (In years last birthday) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Berger, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Phillip Landwehr</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Guese</u>		14. NAME OF HUSBAND OR WIFE <u>Charles A. Brinkmann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lillian Johnson Owensville, 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>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Advanced arteriosclerosis</u> DUE TO (c) <u>Left hemiplegia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
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 <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>2-10</u> , 19 <u>53</u> , to <u>2-11</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-11</u> , 19 <u>53</u> , and that death occurred at <u>9:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paula Bruns, M.D.</u>		23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>2-14-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-14-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/18/1953</u>		REGISTRAR'S SIGNATURE <u>Larothy Hallen</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>OWENSVILLE</u>		363- <u>0</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1956 1 8 1956

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 Ma

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Melford H H Winters

Licensed Embalmer No. 3838

P. O. Address QUIN SUILLIE 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.