

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22518

State File No.

FILED JUN 30 1953

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5987</u>		Registrar's No. <u>65</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Pulaski</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Pulaski</u>	
c. LENGTH OF STAY (in this place)		d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union</u>		d. STREET ADDRESS (If rural, give location) <u>0 8th 0</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Rose</u>	b. (Middle) <u>May</u>	c. (Last) <u>Brinkley</u>	(Month) <u>6</u>	(Day) <u>23</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>7/1/1896</u>		9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>22</u>	IF UNDER 11 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Marion Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>James W. Brinkley</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 <u>486-14-58080</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ilean Barnhart, Dixon, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>X</u>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>	
This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary occlusion</u>				<u>10 years</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Mitral insufficiency</u>					
		II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>410X</u>				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>Nov 15, 1950</u> , to <u>June 22, 1953</u> , that I last saw the deceased alive on <u>June 23, 1953</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Conley Hall D.O. 2</u>		23b. ADDRESS <u>Dixon, Mo.</u>		23c. DATE SIGNED <u>6-24-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/27/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pillman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Phelps County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>6-26-53</u>		REGISTRAR'S SIGNATURE <u>Paula ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred H. Gilbert, Dixon, Missouri</u>			

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

Date Filed 6-27-53
File Number 6-26-53
Pulaski County Health Officer
RECEIVED
6-26-53

JUL 15 1953

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 _____

June 23, 1953

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Maurice Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.