

FILED APR 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12893

State File No. 15

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5950 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>New Hartford</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Hartford</u>	
c. LENGTH OF STAY (in this place) <u>6 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>Pike County RFD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Brinkman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-12-55</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-13-26</u>	9. AGE (in years last birthday) <u>28</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
13a. FATHER'S NAME <u>William Brinkman</u>			13b. MOTHER'S MAIDEN NAME <u>Alva Beck</u>		14. NAME OF HUSBAND OR WIFE <u>Esther L. Brinkman</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service) <u>WW II</u>		16. SOCIAL SECURITY NO. <u>490-26-1368</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Esther L Brinkman New Hartford</u>		
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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>Trauma to Heart</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tractor overturned</u> DUE TO (c) <u>Subject pinned underneath</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9121 3</u>			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>accident</u> SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>New Hartford</u> (COUNTY) <u>Pike</u> (STATE) <u>Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 12 - 1955 2 P.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tractor turned over</u>		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased on April 12, 1955, and that death occurred at 2 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Mudd</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Bowling Green Mo</u>		23c. DATE SIGNED <u>April 13-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-14-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Clement</u>	24d. LOCATION (City, town, or county) (State) <u>St. Clement Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-15-55</u>	REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Mudd</u>	ADDRESS <u>Bowling Green</u>	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

James C. Mudd

Licensed Embalmer No. 4152

P. O. Address. Bowling Green, T.

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.