

FILED AUG 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28710

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 43-15 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Amb. to Hosp.</u>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>Browning</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		f. STREET ADDRESS (If rural, give location) <u>0581</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u>	b. (Middle) <u>Edwin</u>	c. (Last) <u>Brinkley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 14 55</u>
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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>12-1 1911</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Truck</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ambers C. Brinkley</u>	13b. MOTHER'S MAIDEN NAME <u>Addie E. Pipes</u>	14. NAME OF HUSBAND OR WIFE <u>Elma Leona Brinkley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>49440 8530</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elma Leona Brinkley</u> ADDRESS <u>Browning</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <u>4201</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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 8-14 1955 to 8-14 1955, that I last saw the deceased alive on 8-14 1955, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.R. McArthur M.D.</u>	23b. ADDRESS <u>Browning Mo.</u>	23c. DATE SIGNED <u>8-16-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-16-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knifong</u>	24d. LOCATION (City, town, or county) (State) <u>Browning rural Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-19-1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. H.B. Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wade funeral Home</u> ADDRESS <u>Browning, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 17 1957

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.....  
Signature of Student Embalmer

Signed *Gerald I. Wade*

Licensed Embalmer No. *412*

P. O. Address *Brown*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.