

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 3 - 1956

State File No.

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5741 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Russell Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Russell twp.</u> <u>2610</u>	
c. LENGTH OF STAY (In this place) <u>56 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>9 mi. N. of New Cambria</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>9 mi. N. of New Cambria</u>			

3. NAME OF DECEASED (Type or Print) <u>Fannie Brink</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 9 1955</u>		
a. (First)	b. (Middle)		c. (Last)		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>Feb. 1, 1877</u>	9. AGE (In years last birthday) <u>- 78</u>	IF UNDER 1 YEAR Months <u>10</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>Chariton county, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Hansford Pippin</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Craigg</u>	14. NAME OF HUSBAND OR WIFE <u>Walter Scott Brink</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. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.D. Brink, Ethel, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332x</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) (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 Dec 8, 1955, to Dec 9, 1955, that I last saw the deceased alive on Dec 9, 1955, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. A. Hinkelbusch D.O.</u>	23b. ADDRESS <u>Brushlin mo</u>	23c. DATE SIGNED <u>12-11-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 11, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Cambria Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>New Cambria, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12/17/55</u>	REGISTRAR'S SIGNATURE <u>Ruth M Neely</u> <u>185</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. H. Hinkland, New Cambria, Mo.</u>

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

RECEIVED 12.28.55
MAGON COUNTY HEALTH DEPARTMENT
County File No. 12.55.200
Date Filed 12.29.55

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 *[Signature]*

Licensed Embalmer No. 4019

P. O. Address New Columbia 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.