

FILED MAY 7 1956

STANDARD CERTIFICATE OF DEATH

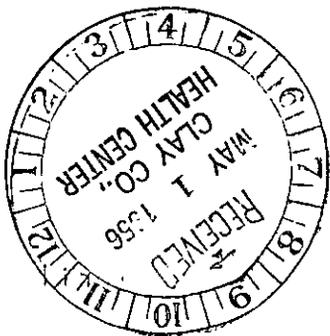
State File No. **12678**

BIRTH NO. _____

REG. DIST. NO. **73**PRIMARY REG. DIST. NO. **5291**Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give township) Liberty-Rural		c. LENGTH OF STAY (in this place) 5 years		c. CITY OR TOWN Liberty		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1.00. F. Hospital				e. STREET ADDRESS (If rural, give location) 116 Dorsey 200'			
3. NAME OF DECEASED (Type or Print) Jerusha		a. (First) Jane		b. (Middle) Jane		c. (Last) Brink	
4. DATE OF DEATH April 22, 1956		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Jan. 10, 1858		9. AGE (In years last birthday) 98	
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and State or Foreign Country) Lynn Co. Kansas				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William Griffith		13b. MOTHER'S MAIDEN NAME Parthema		14. NAME OF HUSBAND OR WIFE John T. Brink - Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Gilbert Pence, Liberty, Mo.			
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) Arterio-sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 4500	
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) m.		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 April 1, 1956, to April 22, 1956 that I last saw the deceased alive on Apr 22, 1956 , and that death occurred at 10 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)* Wm H Goodson				23b. ADDRESS Liberty, Missouri		23c. DATE SIGNED 4/25/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Leav. Ks.		24b. DATE 4/26/56		24c. NAME OF CEMETERY OR CREMATORY Maywood Cemetery		24d. LOCATION (City, town, or county) (State) Wyandotte County, Kansas	
DATE REC'D BY LOCAL REG April 25, 1956		REGISTRAR'S SIGNATURE Mabel Graham		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Sexton Funeral Chapel Leavenworth Ks			

(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by Theodore L. Sexyan, Student Embalmer No. 3 working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed John Embler

Licensed Embalmer No. 3

P. O. Address Leavenworth, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.