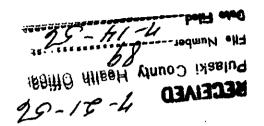
1 -		THE DIVISION OF				0.4	MAA
FILED JUL 20	6 1956	STANDARD CER	TIFICATE OF D	EATH	State F	ii. N. 24	6/1
BIRTH NO.		EG. DIST. NO. 290	2_ PRIMARY REG. DIS	эт. н о. <u>44</u>	22 Registe	rar's No	89
1. PLACE OF DEATH a. COUNTY Pul	н laski			SEOUri	re deceased live		on: residence
b. CITY (If outside corpor OR TOWN Waynes	svillo	township) c. LENGTH STAY (in this p	lace) OR	Jerome		d. Is Residence etty or in Yes	e within limits
A FIRE NAME OF WA		stion, give street address or loosti reneral Hospita	/ STOEET	(If rural, giv	e location)	 -	0816
3. NAME OF a. DECEASED	(First)	b. (Middle)	c. (Last)	4	DATE (Month) (1	Day) (Y
	Ira	Wiley	Brinkle		OF DEATH	7 1	
(V	White	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Speci Married	10/22/188		AGE (In years last birthday) 68	Months Day	re Hours
10a. USUAL OCCUPATION (done during most of working ill	ilie, even if retired)	b. KIND OF BUSINESS OR DUST	RY	(City and State of	r Foreign Coun	117) O 12.	CITIZEN OI OUNTRY 7
CarpenterF	Retired C	arpenter	Phelps Con				. S. A
ISa. FATHER'S NAME	D-4 -1 3 -	13b. MOTHER'S MAIL		1	OF HUSBAND	–	
James Wesley 15. WAS DECEASED EVER II		Jerusha Troy CEST 16. SOCIAL SECURI			a Brinkl		4000
(Yes, no. or unknown) (If yes,			NO.	W. Brink	,		ADDRI isscur
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	DISEASE OR COND DIRECTLY LEADING ANTECEDENT CAUSE Morbid conditions, if rise to the above cause the underlying cause la	any, giving DUE TO (b)	diety the	roycho ulma A P	area -		PL L
	I. OTHER SIGNIFICA Conditions contributing related to the disease or		etestesis	1/6	lung	2	Mrs
TION	9b. MAJOR FINDING	S OF OPERATION		+ #		2	. AUTOPS
	, <u> </u>				<u> </u>	1	YES 📗 I
21a, ACCIDENT (B) SUICIDE HOMICIDE	pecify) 21b.1	PLACE OF INJURY (e.g., in or ab s, farm, factory, street, office bldg., s	21c. (CITY, TOWN,	OR TOWNSHIP)	/ / / / (col	A JNTY)	YES I
SUICIDE HOMICIDE	(Day). (Year) (Hour	s, farm, factory, street, office bldg., e	mo.)	· · · · · · · · · · · · · · · · · · ·	(col	Y (YTNL	
21d. TIME (Month) (i	(Day). (Year) (Hour	e, farm, factory, street, office bldge 21e. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	211. HOW DID INJU	JRY OCCURT	. 19.55 th	at I last so	(STATE
21d. TIME (Month) (I OF INJURY 22. I hereby centify that alive on 22a. SIGNATURE	t I attended the d	210. INJURY OCCURRED WHILE AT WORK AT WORK deceased from and that death occurred Operators	211. HOW DID INJU 211. HOW DID INJU 214. 1955, to at 4:35 A. m., from	JRY OCCUR?	71954, the do not the do	at I last so	(STATE
21d. TIME (Month) (I OF INJURY 22. I hereby centify that alive on 23a. SIGNATURE 24a. SUGNATURE 24a. SUGNATURE 10N. REMOVAL (Speedty) Burial	(Day). (Year) (Hour	21e. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK deceased from AT WORK deceased from Oberred (Degree or titl V2ic. NAME OF CEME Pillmam Com	211. HOW DID INJU 211. HOW DID INJU 214. 35 A. m., from	the cluses at 20 Location Phelps	. 19.55 th	at I last so	(STATE



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal 11-1956 Student Embalmer No. by me, or by working under my personal supervision...

Signature of Student Embalmer

Licensed Embalmer No 23.4

P. O. Address Dixon, Missour

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