

FILED AUG 12 1957

STANDARD CERTIFICATE OF DEATH

27201
STATE FILE NUMBER

Registration District No.

347

Primary Registration District No.

6164

Registrar's No.

40

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms will be listed. All diseases in Part 1 must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Stone County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, give TOWNSHIP only) RR 2, Aurora		c. CITY OR TOWN R 2 Aurora	
c. FULL NAME OF (If NOT in hospital, give location) Sheddy		d. STREET ADDRESS (If outside, give location) 1240	
3. NAME OF DECEASED (Type or print) Teddie Loman Brinley		4. DATE OF DEATH July 15, 1957	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Aug. 4, 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1st class lineman		10b. KIND OF BUSINESS OR INDUSTRY Emp. Dist Elec Co. Lawrence Co.	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME John W. Brinley		14. NAME OF HUSBAND OR WIFE Junior Brinley, R 2, Aurora, Mo.	
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. 491-01-3020	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Marionville, Mo.	
21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE John W. Brinley	
22b. ADDRESS Marionville, Mo.		22c. DATE SIGNED 17 July 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 17, 1957	
23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem.		23d. LOCATION (City, town, or county) (State) Marionville, Mo.	
24. FUNERAL DIRECTOR J. B. Swartz		25. DATE RECD. BY LOCAL REG. July 22-57	
26. REGISTRAR'S SIGNATURE per Lena Murray			

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 *William A. Fulker*

Licensed Embalmer No. *4656*

P. O. Address *Marion, Ill.*

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.