

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017787

STATE FILE NUMBER

FILED JUN 12 1958

Registration District No.

119

Primary Registration District No.

5443

Registrar's No.

24

S. 300
v. 1-57

0376
3

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Roark		c. CITY OR TOWN Berger 0360	
Inside Limits Yes ☐ No ☒		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Ben Rohlfing Residence INSTITUTION		Length of stay in 1b 4 Hours	
d. STREET ADDRESS Main Street		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First ALICE Middle CECELIA Last BRINKMEYER		4. DATE OF DEATH Month May Day 27 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2-DIVORCED ☐	8. DATE OF BIRTH May 30, 1891
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Month 11 Day 27	IF UNDER 24 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Senate Grove, Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Wm. L. Rohlfing	
13b. MOTHER'S MAIDEN NAME Minnie Potthause		14. NAME OF HUSBAND OR WIFE Wm Brinkmeyer	
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. 486-40-3923	
17. INFORMANT Alvin Rohlfing		Address Berger, Mo. RFD	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atrioventricular block, complete (Adams Stokes syndrome) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Hypertensive vascular disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obesity			INTERVAL BETWEEN ONSET AND DEATH 7 months 10 years 15 years
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4330	
20c. TIME OF INJURY Hour 8:45 PM Month, Day, Year 11/21/50 a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 0 M.D.	
20e. CITY, TOWN, OR LOCATION New Haven, Missouri		COUNTY Mo. STATE Mo.	
21. I attended the deceased from 11/21/50 to 5/28/58 and last saw her alive on 4/29/58 Death occurred at 8:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE B. P. Eismann (Degree or title) 0 M.D.	
22b. ADDRESS New Haven, Missouri		22c. DATE SIGNED 5/28/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 30, 1958	
23c. NAME OF CEMETERY OR CREMATORY Senate Grove Methodist		23d. LOCATION (City, town, or county) (State) Berger, Mo.	
24. FUNERAL DIRECTOR Faust Blumer ADDRESS Berger Mo		25. DATE RECD. BY LOCAL REG. May 29 1958	
26. REGISTRAR'S SIGNATURE Delma Uffelman			

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 ROGER W. BLUMER, Student Embalmer No. 553

working under my personal supervision.

Student

Roger W. Blumer
Signature of Student Embalmer

Signed

Roger W. Blumer
Licensed Embalmer No. 3160

P. O. Address Hannover, N.H.

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.