

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005756

FILED VS. FEB 23 1960

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 34

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, give TOWNSHIP only) WASHINGTON		Length of stay in 1b		c. CITY OR TOWN UNION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) ST. FRANCIS HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R. # 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EDWIN Middle B. H. Last BRINKMEYER				4. DATE OF DEATH Month FEB. Day 18 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH NOV. 9, 1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 3 Days 9	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY FARM WORK		11. BIRTHPLACE (City and state or county) UNION, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN BRINKMEYER			13b. MOTHER'S MAIDEN NAME CATHERINE DEHNE		14. NAME OF HUSBAND OR WIFE MAMIE 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. 492-20-9313		17. INFORMANT Address MAMIE BRINKMEYER UNION, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular accident aneurysm & rupture of Basilar artery DUE TO (b) Arteriosclerosis & Hypertension DUE TO (c) Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 5 days 15 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 Month, Day, Year 		20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY		STATE	
21. I attended the deceased from March 1956 to 18 Feb 60 and last saw him alive on 17 Feb 60 Death occurred at 12 p. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Walter Richardson, M.D.				22b. ADDRESS Union, Missouri		22c. DATE SIGNED: 19 Feb 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB. 20, 1960	23c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S MANTELS CEM.		23d. LOCATION (City, town, or county) (State) UNION, MO.			
24. FUNERAL DIRECTOR ADDRESS OLTMANN FUNERAL HOME UNION, MO.			25. DATE RECD BY LOCAL REG. 2/20/60		26. REGISTRAR'S SIGNATURE F. P. Richardson		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 26 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.