URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-025997
STATE FILE NUMBER

XC-1715336 REG NO. A2551
Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 442

ENDED FILED VS AUG 8 1960

1. PLACE OF DEATH
a. COUNTY BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF — Length of stay in 1b 57 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY WAYNE
c. CITY OR TOWN LEEPER — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) NONE — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JAMES Middle EZRA Last BRINKLEY
4. DATE OF DEATH Month Day Year JULY 22, 1960

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-12-91
9. AGE (last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE
11. BIRTHPLACE (City and state or country) LEEPER, MISSOURI
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME ALLEN BRINKLEY
13b. MOTHER'S MAIDEN NAME JEMIE BELL SPRINGFIELD
14. NAME OF HUSBAND OR WIFE CLESTAL BRINKLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 703039774
17. INFORMANT Address CLESTAL BRINKLEY, LEEPER, MO.- WIFE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) HEMOLYTIC ANEMIA. — INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CHRONIC LYMPHOCYTIC LEUKEMIA — 6 WEEKS
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BILATERAL BRONCHOPNEUMONIA.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from May 26, 1960, to July 22, 1960 ~~and last saw her/him alive on~~
Death occurred at 7:25 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. D. TURNER, M.D., Actg. Chief, Medical Svc.
22b. ADDRESS VA Hospital, Poplar Bluff, Mo.
22c. DATE SIGNED 7/26/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/24/1960
23c. NAME OF CEMETERY OR CREMATORY ALL WOOD CEM.
23d. LOCATION (City, town, or county) (State) LEEPER, Mo.

24. FUNERAL DIRECTOR Gish F. Home — ADDRESS Piedmont Mo.
25. DATE RECD. BY LOCAL REG. 7/30/60
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Me, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Marvin E Bowles

Licensed Embalmer No. 442

P. O. Address Piedmon

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