

Registration District No. 111 Primary Registration District No. III Registrar's No. 5426 # 23 STATE FILE NUMBER

FILED SEP 26 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Franklin</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Boles Township</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>Franklin</u>
Length of stay in lb <u>48 yrs.</u>		c. CITY OR TOWN <u>Villa Ridge</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>Villa Ridge, R.R. 1</u>		d. STREET ADDRESS <u>R.R. 1</u>	If outside, give location Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>Frances</u>	Middle <u>Alice</u>	Last <u>Brinkmann</u>	Month <u>Sept.</u>	Day <u>20</u>
Year <u>1961</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/20/1886</u>	9. AGE (last birthday) <u>75</u>
IF UNDER 1 YEAR Months <u>8</u> Days <u>0</u>		IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Villa Ridge, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>August Cepelkamps</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Tondera</u>	14. NAME OF HUSBAND OR WIFE <u>William H. Brinkmann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Elmer W. Hanneken, Villa Ridge, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH <u>36 h</u>
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>	DUE TO (b) <u>Arterio-sclerotic C-V-R disease</u>	
DUE TO (c) <u>old age.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Severe rheumatoid arthritis. Hypostatic pneumonia</u>		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 _____ a.m. _____ p.m.	Month, Day, Year _____	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from 19 June 59 to 20 Sep 61 and last saw her alive on 20 Sep 61  
Death occurred at 10:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>R. V. Boyd MD</u>	(Degree or title)	22b. ADDRESS <u>Washington, Mo</u>	22c. DATE SIGNED <u>20 Sep 61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept 23, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery, Villa Ridge, Missouri</u>	23d. LOCATION (City, town, or county) <u>Villa Ridge, Missouri</u>
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24. FUNERAL DIRECTOR <u>Heiburg &amp; White</u>	ADDRESS <u>Washington, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>23-1961</u>	26. REGISTRAR'S SIGNATURE <u>Mary B. Grass</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

**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 Lester A. Pitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.