

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036261

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 184

AMENDED

FILED OCT 31 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>CLAY</u>		e. STATE <u>Mo</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>No. Kansas, 16, Mo.</u>		c. CITY OR TOWN <u>Kansas City, 18, Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>No. Kansas city memorial hosp</u>		d. STREET ADDRESS (If outside, give location) <u>306 W. 55th term No. K.C. 18, Mo</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last <u>EDNA Bowles BRINKLEY</u>		Month Day Year <u>10 - 17 - 61</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>11-8-82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>78</u>
13a. FATHER'S NAME <u>John M. Bowles</u>		13b. MOTHER'S MAIDEN NAME <u>Artemisia Samuels</u>	14. NAME OF HUSBAND OR WIFE <u>ALBERT L. BRINKLEY</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 Address <u>Miss RUBY L. BRINKLEY OF THE HOME</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Severe burns involving 90% of body</u>			<u>hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) <u>-</u>			
DUE TO (c) <u>-</u>			
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 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 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 <u>10-16-61</u> to <u>10-17-61</u> and last saw her <u>live</u> on <u>10-17-61</u> Death occurred at <u>2:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Edna W. Matthews M.D. for Dr. D. Pellegrini</u>		22b. ADDRESS <u>1806 Smith St. W.K.C. 16 Mo</u>	22c. DATE SIGNED <u>10-17-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>10-17-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>DOVER CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>DOVER, LA GRANGE, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>BAILEY F.H. LA GRANGE Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10-17-61</u>	26. REGISTRAR'S SIGNATURE <u>Marquette Judson</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DR. ALLEGI

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 John Kalsbeek

Licensed Embalmer No. 4949

P. O. Address 910 Kansas City

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.