

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043913

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 68 Primary Registration District No. 5266 Registrar's No. 39

FILED JAN 15 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Christian</u>	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Finley Township</u>	a. STATE <u>Missouri</u> COUNTY	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Old Highway #65</u>		Length of stay in 1b <u>En route</u>	d. STREET ADDRESS (if outside, give location) <u>Route 3, Box 1058</u>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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>Charlie</u>	Middle <u>Joe</u>	Last <u>Brinson</u>	Month <u>December</u>	Day <u>23</u>	Year <u>1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-24-1919</u>	9. AGE (last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>	11. BIRTHPLACE (City and state or country) <u>Halsey, Nebraska</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Wilton Brinson</u>		13b. MOTHER'S MAIDEN NAME <u>Glennose McCarter</u>		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>no</u> , or unknown) (If yes, give war or dates of service)			17. INFORMANT <u>Glennose Brinson, Springfield, Mo.</u>		

18. CAUSE OF DEATH (Enter only one line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Crushing injuries Upper Left side of Chest</u>		<u>Instant</u>
DUE TO (b) <u>Automobile Accident</u>		
DUE TO (c) _____		
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 checked="" 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.) <u>Accident Report, Mo. Hi. Dept. "Apparently #1 Driver lost control of vehicle on snow packed curve and slid into bridge abutment."</u>	
20c. TIME OF INJURY Hour <u>2:30</u> a.m. / p.m. Month, Day, Year <u>12/23/1961</u>	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.) <u>Old Highway #65</u>	20f. CITY, TOWN, OR LOCATION <u>Finley Twp.</u>
21. I attended the deceased from <u>Approx. 2:30</u> to _____ and last saw her alive on _____ Death occurred at <u>Approx. 2:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		COUNTY <u>Christian</u>	STATE <u>Missouri</u>
22a. SIGNATURE (Degree or title) <u>Glenn Harris, Coroner</u>		22b. ADDRESS <u>Clever, Missouri</u>	22c. DATE SIGNED <u>12/29/61</u>
23a. MANNER OF REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-30-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Galloway Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Greene County Missouri</u>
24. FUNERAL DIRECTOR <u>Rex Rainey, Springfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 30 - 1961</u>	26. REGISTRAR'S SIGNATURE <u>Faitha Leonard</u>

(Licensed Embalmer's Statement on Reverse Side)

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

V'S JAN 15 1967

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 _____

Licensed Embalmer No. 3312

P. O. Address Springfield, 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.