

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034348

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1403

FILED SEP 24 1962

VS 300 Rev. 4/59	DATE AMENDED				
10397					
2 9					
3					
4 0					
5 2					
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7 1					
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9 2004					
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield, Missouri</b>		c. CITY OR TOWN <b>Transient</b>	
Length of stay in 1b <b>842 days</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>U. S. Medical Center</b>		d. STREET ADDRESS (If outside, give location) <b>_____</b>	
3. NAME OF DECEASED (Type or print) First <b>Paul</b> Middle <b>Woodward</b> Last <b>Brink</b>		4. DATE OF DEATH Month <b>September</b> Day <b>14</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/22/93</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>_____</b>	9. AGE (last birthday) <b>69</b>
11. BIRTHPLACE (City and state or country) <b>Wilmington, Delaware</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Chester Andrew Brink (deceased)</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Woodward (deceased)</b>	
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes 1918</b>	
17. INFORMANT <b>MCFP Files, Springfield, Missouri</b>		Address <b>_____</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>
DUE TO (b) <b>Arteriosclerotic heart disease</b>			<b>8 years +</b>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Lymphosarcoma, multiple sites</b>			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 checked="" 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.) <b>_____</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year <b>_____</b>		
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.) <b>_____</b>	20f. CITY, TOWN, OR LOCATION <b>Springfield, Missouri</b>	COUNTY _____ STATE _____
21. I attended the deceased from <b>May 25, 1960</b> to <b>Sept. 14, 1962</b> and last saw <b>him</b> alive on <b>Sept. 14, 1962</b> Death occurred at <b>12:05 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Jesse D. Harris, M.D.</b>		22b. ADDRESS <b>Springfield, Missouri</b>	22c. DATE SIGNED <b>9/14/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-18-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hazelwood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>
24. FUNERAL DIRECTOR <b>W.B. Cantrell Republic, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-19-62</b>	26. REGISTRAR'S SIGNATURE <b>Effie E. Melton</b>

USE BLACK INK OR TYPEWRITER RIBBON

Revised  
9-18-65

**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 William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Repealia, M.

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.