

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12295
State File No. _____
1696
Registrar's No. _____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1696</u>	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 60 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		110 3 2 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION OUR LADY OF MERCY HOME				d. STREET ADDRESS (If rural, give location) 918 EAST 9TH. STREET			
3. NAME OF DECEASED (Type or Print) a. (First) CATHERINE		b. (Middle) <i>Elizabeth</i>		c. (Last) BREEN		4. DATE OF DEATH (Month) (Day) (Year) 4 16 49	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JANUARY 5, 1869	9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) WILLIAMS PORT, PENNSYLVANIA		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME PATRICK BREEN			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MISS MARY BREEN 420 WEST 34TH. TER.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized arteriosclerosis</i>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Cerebral arteriosclerosis</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>MS</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-10-49</u> , 19 <u>49</u> , to <u>4-16-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-10-49</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Graham Owens</i> Graham Owens (Degree or title) D.M.D.				23b. ADDRESS 906 Grand K.C. Mo.		23c. DATE SIGNED 4-17-49	
24a. BURIAL CREMATION REMOVAL (Specify) REMOVAL		24b. DATE 4-18-49		24c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS	
DATE REC'D BY LOCAL REG. 4-17-49		REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. F. Donald Co.</i>		ADDRESS 3256 BROADWAY	

(Licensed Embalmer's Signature on Reverse Side)

EMPHYSAL

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.

Signed _____

Park G. Rowe

Signed _____
Student Embalmer

Licensed Embalmer No. 2347

P. O. Address 11 E. 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 this body is not embalmed, fact should be so stated above.