

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33457

State File No.

FILED OCT 20 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4301

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 2 years		d. STREET ADDRESS (If rural, give location) 4535 Paseo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4535 Paseo			

3. NAME OF DECEASED a. (First) Mrs Mary b. (Middle) A. c. (Last) Brennan			4. DATE OF DEATH (Month) (Day) (Year) Oct. 8, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 7, 1868	9. AGE (In years last birthday) 83 yrs.	IF UNDER 1 YEAR Months Days
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) Long Meadow, Vermont		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME David Flynn		13b. MOTHER'S MAIDEN NAME Alice Adams		14. NAME OF HUSBAND OR WIFE Edward Brennan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs John H. Moran 4535 Paseo	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
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.		4200	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		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 1-4-51, 1951, to 10-8, 1951, that I last saw the deceased alive on 10-7, 1951, and that death occurred at 11.50 PM from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title)			23b. ADDRESS 1034 Reisterly		23c. DATE SIGNED 10-9-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-20-51	24c. NAME OF CEMETERY OR CREMATORY St. Joseph's		24d. LOCATION (City, town, or county) (State) Waterbury, Conn.
DATE REC'D BY LOCAL REG. 10-9-51		REGISTRAR'S SIGNATURE Deraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas E. Guirk 4316 Troost Ave.	

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

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 _____
working under my personal supervision.

Signed.....
Student Embalmer

Signed *Thomas E. Jones*
Student Embalmer No. *5*

Licensed Embalmer No. *27756*

P. O. Address *R.S.V.*

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.