S. No. 300
v. 10.48

WEB JUN 3 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

No. Haley 17148
State File No.

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 175

0582
1

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brookfield
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 907 Brookfield Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brookfield 0582
d. STREET ADDRESS (If rural, give location) 907 Brookfield 0

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) MARIE c. (Last) BREEN

4. DATE OF DEATH (Month) (Day) (Year) May 21 1952

5. SEX F 1
6. COLOR OR RACE Ct.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Ct. 2
8. DATE OF BIRTH Nov 5 1868
9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months 6 Days 16 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Burlington Iowa 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Nash
13b. MOTHER'S MAIDEN NAME Margaret O'Donnell
14. NAME OF HUSBAND OR WIFE Thomas Breen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME George Breen Brookfield ADDRESS Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 2 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) and Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 334X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 19, 1949, *to* May 21, 1952, *that I last saw the deceased alive on* May 20, 1952, *and that death occurred at* 7 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Roy R Haley (Degree or title) M.D.
23b. ADDRESS Brookfield Mo
23c. DATE SIGNED 5-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-24-52
24c. NAME OF CEMETERY OR CREMATORY St Michael Cem
24d. LOCATION (City, town, or county) Brookfield (State) Mo

DATE REC'D BY LOCAL REG. 5-27-52
REGISTRAR'S SIGNATURE Nadine Stansbach Dep.
25. FUNERAL DIRECTOR'S SIGNATURE J. B. Blacklock Brookfield ADDRESS Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MS AUG 3 1959

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~~ _____ H. J. Gilleland, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria 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.