

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37106

FILED NOV 23 1955

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>443</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence, Mo.</u>		c. LENGTH OF STAY (In this place) <u>4 Months</u>		c. CITY OR TOWN <u>Harrisonville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1020 N. Noland Rd.</u>				e. STREET ADDRESS (If rural, give location) <u>Daugherty Community</u> <u>0190</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alex</u>			b. (Middle) <u>Connor</u>		c. (Last) <u>Brennan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov.</u> <u>12</u> <u>1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 26, 1882</u>		9. AGE (In years last birthday) <u>72</u> if UNDER 1 YEAR <u>10</u> Days if UNDER 1 MRS. <u>16</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Attica Iowa</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Brennan</u>			13b. MOTHER'S MAIDEN NAME <u>Emily McManus</u>			14. NAME OF HUSBAND OR WIFE <u>Emily Grace Brennan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>490-09-047</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Denenn 1020 N. Noland Indep. Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RIGHT PARASAGGITAL MENINGIOMA</u>							
		ANTECEDENT CAUSES DUE TO (b) <u>LEFT HEMIPARESIS</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>GENERAL DEBILITY</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>7-12-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>RIGHT PARASAGGITAL MENINGIOMA</u>						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) (Min.)		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>JUNE 2</u> , 19 <u>55</u> , to <u>11-12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-10</u> , 19 <u>55</u> , and that death occurred at <u>3 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James Denenn M.D.</u>				23b. ADDRESS <u>Harrisonville Mo</u>			23c. DATE SIGNED <u>11-12-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Nov 13-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		3154 FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Harrisonville, Mo.</u>			

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Robert W. Atkinson*.....

Licensed Embalmer No. *490*.....

P. O. Address *Thurston*.....

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.