

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH23615
State File No. 3102

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3102</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. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>				c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>50 years</u>				e. STREET ADDRESS (If rural, give location) <u>8305 Terrace</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8305 Terrace</u>				93			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>			b. (Middle) <u>J.</u>		c. (Last) <u>Brennan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 17, 1956</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>Nov. 2, 1882</u>		9. AGE (in years last birthday) <u>73</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hour
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Brick Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Francis Thomas Brennan</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Bruner</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Brennan</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>401-20-6829</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel Brennan 8305 Terrace</u>			
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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac De-compensation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation</u>				<u>5 yrs</u>	
		DUE TO (c) <u>Rheumatic Heart Disease</u>				?	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>				? 4/6x	
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)		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)		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>Nov 3, 1955</u> , to <u>July 17, 1956</u> , that I last saw the deceased alive on <u>July 14, 1956</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William A. Kells</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Grandview Mo.</u>		23c. DATE SIGNED <u>7/17/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 21, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. St. Mary's</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>7-18-56</u>		REGISTRAR'S SIGNATURE <u>Nevas Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Muehleback Funeral Home</u>		ADDRESS <u>6800 Troost</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Wm. Ward

Licensed Embalmer No. *3991*

P. O. Address *308 E. 68th St.
N. E. 7th Ave.*

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.