

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 10 1957

State File No. **27818**

BIRTH NO.		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 2015		Registrar's No. 87			
1. PLACE OF DEATH a. COUNTY CLINTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY De Kalb					
b. CITY (If outside corporate limits, write RURAL and give township) Cameron		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN RD 3-1		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 ANNIE BELLE				e. STREET ADDRESS (If rural, give location) Cameron					
3. NAME OF DECEASED (Type or Print) ANNIE BELLE (Gandy) BRENNEN			4. DATE OF DEATH (Month) (Day) (Year) Aug 31 1957						
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 4 1901		9. AGE (in years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant waitress		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (City and State or Foreign Country) Plattsburg Mo		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Mike Gandy			13b. MOTHER'S MAIDEN NAME Anna Jane Gray		14. NAME OF HUSBAND OR WIFE Leo Brennen				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If you, give war or dates of service) 48-6-10-9949		17. INFORMANT'S SIGNATURE OR NAME Leo Brennen		ADDRESS Cameron			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma				INTERVAL BETWEEN ONSET AND DEATH 6 mos	
				ANTECEDENT CAUSES DUE TO (b) to both lungs & liver.					
				DUE TO (c) liver.					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Removal both breasts & 10 years ago for					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma 170x				20. AUTOPSY? 2 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 9-17 , 19 57 , to 8-31-57 , that I last saw the deceased alive on 8-31 , 19 57 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. J. Kerner M.D.				23b. ADDRESS Cameron Mo		23c. DATE SIGNED 9-3-57			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept 3-1957	24c. NAME OF CEMETERY OR CREMATORY Catholic		24d. LOCATION (City, town, or county) (State) Cameron Mo				
DATE REC'D BY LOCAL REG. 9-3-57		REGISTRAR'S SIGNATURE Francis Crawford		25. FUNERAL DIRECTOR'S SIGNATURE Poland Funeral Home		ADDRESS Cameron			

(Licensed Embalmer's Statement on Reverse Side)

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

531

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 F. Colow*

Licensed Embalmer No. *407*

P. O. Address *220 W. 6th St. Omaha*

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.