

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005378
STATE FILE NUMBER
895

FILED MAR 10 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 895

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-57

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>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>NORTH KANSAS CITY</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN</u>		Length of stay in lb <u>4 Weeks</u>	d. STREET ADDRESS (If outside, give location) <u>2401 FAYETTE</u> Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Nettie</u> Middle <u>J</u> Last <u>BRENNER</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>17</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 11, 1912</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>PARKVILLE, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>ARNOLD SCHWARZ</u>		13b. MOTHER'S MAIDEN NAME <u>KATIE LANKER</u>		14. NAME OF HUSBAND OR WIFE <u>EMERY A. BRENNER</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>491-40-8309</u>		17. INFORMANT <u>EMERY A. BRENNER</u> Address <u>2401 FAYETTE</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Muco-epidermoid Carcinoma.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Lymphatic Metastasis to lungs + Pleura - Primary unknown</u>	
	DUE TO (c) <u>unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? <u>YES</u> <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE

21. I attended the deceased from <u>Nov 25, 1957</u> to <u>Feb 17, 1958</u> and last saw her alive on <u>Feb 17, 1958</u> Death occurred at <u>11:40 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Edw. H. Fischer M.D.</u>		22b. ADDRESS <u>306 E 21st NKC 16 Mo</u>	22c. DATE SIGNED <u>2-18-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-19-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>EAST SLOPE MEM Gdns</u>	23d. LOCATION (City, town, or county) (State) <u>PLATTE Co Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>J.W. Neumann Iowa N.K.C. Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-19-58</u>	26. REGISTRAR'S SIGNATURE <u>Neumann Marshall</u>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Edw. H. Fischer



By me personally

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 *Oliver H. Hill*

Licensed Embalmer No. *4586*
P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.