

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012638
STATE FILE NUMBER

AMENDED Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 441

FILED MAY 8 1961

1. PLACE OF DEATH
a. COUNTY **BUCHANAN**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **ST. JOSEPH** Length of stay in 1b **3 DAYS**

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **ST. JOSEPH'S HOSPITAL** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **KANSAS** b. COUNTY **DONIPHAN**

c. CITY OR TOWN **WATHENA** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **R.R. #3** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **HELEN** Middle **LOUISE** Last **BRENNER**

4. DATE OF DEATH Month **APRIL** Day **27** Year **1961**

5. SEX **F** 6. COLOR OR RACE **W** 7. Married Never Married
Widowed Divorced 8. DATE OF BIRTH **JAN. 17, 1911** 9. AGE (last birthday) **50**

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **MACHINE OPERATOR**

10b. KIND OF BUSINESS OR INDUSTRY **OVERALD FACTORY**

11. BIRTHPLACE (City and state or country) **ROBINSON, KAN SAS**

12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **FRED BRYANT** 13b. MOTHER'S MAIDEN NAME **THELMA LUOAS**

14. NAME OF HUSBAND OR WIFE **HAROLD BRENNER**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service)

17. INFORMANT **HAROLD BRENNER-WATHENA, KANSAS** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cerebral Hemorrhage** INTERVAL BETWEEN ONSET AND DEATH **3 days**
DUE TO (b) **Hypertensive Cardiovasc Disease** **unknown**
DUE TO (c) **Obesity, exogenous** **unknown**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **1-29-55** to **death** and last saw her alive on **26 Apr. 61**
Death occurred at **1:40 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Emerson Joder M.D.** 22b. ADDRESS **Denton Kans** 22c. DATE SIGNED **29 Apr 61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 23b. DATE **APR. 27, 1961** 23c. NAME OF CEMETERY OR CREMATORY **LUTHERAN CEMETERY** 23d. LOCATION (City, town, or county) (State) **DONIPHAN COUNTY, KANSAS**

24. FUNERAL DIRECTOR **HARMAN FUNERAL HOME** ADDRESS **WATHENA, KANSAS** 25. DATE RECD. BY LOCAL REG. **May 2, 1961** 26. REGISTRAR'S SIGNATURE **Wm. Clark Handell**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

E. Joder, M.D.

MAY 23 1961

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address WATHENA, KANSAS

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.