S. No. 300
v. 10.48

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

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16864

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4421 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville, Platte
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Platte Co
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville
d. STREET ADDRESS (If rural, give location): 804 Main st.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Patrick c. (Last) Breen

4. DATE OF DEATH (Month) May (Day) 14 (Year) 1949

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed **8. DATE OF BIRTH:** June 29. 1858 **9. AGE** (In years last birthday): 91. If under 1 year: Months 10. Days 15. If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Banker
10b. KIND OF BUSINESS OR INDUSTRY: Banker
11. BIRTHPLACE (State or foreign country): Weston Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: James Breen.
13b. MOTHER'S MAIDEN NAME: Bridget Mullins
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Howard Breen. **ADDRESS** Parkville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure — 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-9, 1949, *to* 5-14, 1949, *that I last saw the deceased alive on* 5-14, 1949, *and that death occurred at* 11:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Bernard L. Mullins (Degree or title) M. D. M
23b. ADDRESS 1902 Swift St. No. K.C.
23c. DATE SIGNED 5-16-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 17. 48.
24c. NAME OF CEMETERY OR CREMATORY Laurel Hills
24d. LOCATION (City, town, or county) Weston (State) Mo

DATE REC'D BY LOCAL REG. 6-16-1949
REGISTRAR'S SIGNATURE Ophia Rocine 257
25. FUNERAL DIRECTOR'S SIGNATURE Leland H. Francis **ADDRESS** Parkville Mo

(Licensed Embalmer's Statement on Reverse Side)

JUN 7 REC'D
RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 6-7-49

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 .....
Student Embalmer

Signed Leland K Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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 this body is not embalmed, fact should be so stated above.