

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11570

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>442</u>				
1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Buchanan</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>				b. COUNTY <p style="text-align: center;">Buchanan</p>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">life</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>		<u>1117</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION. <p style="text-align: center;">1015 Henry St.</p>				d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">1015 Henry St.</p>				<u>3</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Nellie</p>			b. (Middle) <p style="text-align: center;">Brennan</p>			c. (Last) <p style="text-align: center;">Brennan</p>				
4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">April 20 1951</p>		5. SEX <p style="text-align: center;">female</p>		6. COLOR OR RACE <p style="text-align: center;">white</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">single</p>		8. DATE OF BIRTH <p style="text-align: center;">October 21, 1868</p>		
9. AGE (In years last birthday) <p style="text-align: center;">82</p>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		IF UNDER 1 YEAR Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">at home</p>			10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">home</p>			11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">St. Joseph, Missouri</p>			12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>	
13a. FATHER'S NAME <p style="text-align: center;">John Brennan.</p>			13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Catherine Kelly</p>			14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">-----</p>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">-----</p>		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Miss Theresa Kelly Foyle</p>			ADDRESS <p style="text-align: center;">1015 Henry St. Joseph Mo.</p>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Bronchopneumonia</p>						INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">6 hrs.</p>		
		ANTECEDENT CAUSES DUE TO (b) <p style="text-align: center;">Myocardial Degeneration</p>						?		
		DUE TO (c) <p style="text-align: center;">-----</p>								
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">4222</p>						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) (Min.)		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>9-25, 1950</u> , to <u>4-20, 1951</u> , that I last saw the deceased alive on <u>4-20, 1951</u> , and that death occurred at <u>9:55 A.M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <p style="text-align: center;">W. H. Keane</p>				(Degree or title) <p style="text-align: center;">M.D.</p>		23b. ADDRESS <p style="text-align: center;">201 N 8 St Joseph, Mo.</p>		23c. DATE SIGNED <p style="text-align: center;">4-23-51</p>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">burial</p>		24b. DATE <p style="text-align: center;">4/23/51</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Mt. Olivet Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">St. Joseph Missouri</p>				
DATE REC'D BY LOCAL REG. <p style="text-align: center;">April 25, 1951</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Carl C. Cash</p>		446		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Horton-Bowman Funeral Home - St. Joseph</p>		ADDRESS		

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.

Signed William Spalding

Signed _____
Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 319 S 10th, Joseph, 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.