

STANDARD CERTIFICATE OF DEATH

13435

State File No.

FILED MAY 4 1953

REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5150 Registrar's No. 17

1. PLACE OF BIRTH a. COUNTY <u>Caldwell</u> <u>01302</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>3 mi West of Hamilton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>3258</u> OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>2730 Holly</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Robert</u>	b. (Middle) <u>Matthew</u>	c. (Last) <u>Brennan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 26-1953</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July-13-1891</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR	IF UNDER 15 HRS.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Not Known</u>	11. BIRTHPLACE (State or foreign country) <u>New York State</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Jas. Brennan</u>	13b. MOTHER'S MAIDEN NAME <u>Rose Birmingham</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-22-4364</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James F. Brennan</u>	ADDRESS <u>401 S. Dudley Ave</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Abdominal Hemorrhage</u>		<u>2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto Accident</u>		<u>2 hrs</u>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3 mi W of Hamilton</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hamilton Caldwell Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-26-53 3:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
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22. I hereby certify that I attended the deceased from 3, 1953, to 26, 1953, that I last saw the deceased alive on 26, 1953, and that death occurred at 3:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. H. Wilbur</u> (Degree or title) <u>Coroner Caldwell Co Mo</u>	23b. ADDRESS <u>Potosi Mo</u>	23c. DATE SIGNED <u>7-26-53</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Mary</u>	24d. LOCATION (City, town, or county) (State) <u>Kanscity Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-29-53</u>	REGISTRAR'S SIGNATURE <u>Madys Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Beckett Chubbuck</u> ADDRESS <u>Mo</u>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

10-7
10-48

JUN 25 1954

JUN 25 1954

JUL 26 1954

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 *E. Beckwith*

Licensed Embalmer No. 3227

P. O. Address Chillicothe, 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.