

FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **26033**  
**3456**  
Registrar's No.

|                                                                                                                                                                                                                                 |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                                                                                                                                                |                                                                                                         |                                                                                                                                      |                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| BIRTH NO. _____                                                                                                                                                                                                                 |                               | REG. DIST. NO. <u>149</u>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   | PRIMARY REG. DIST. NO. <u>1002</u>                                                                                                             |                                                                                                         | Registrar's No. <b>3456</b>                                                                                                          |                                                                                     |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>Jackson</b> |                                                                                                         |                                                                                                                                      |                                                                                     |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b>                                                                                                                              |                               | c. LENGTH OF STAY (in this place)<br><b>35 years</b>                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   | c. CITY OR TOWN <b>Kansas City</b>                                                                                                             |                                                                                                         | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                                                                     |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital</b>                                                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   | e. STREET ADDRESS (If rural, give location)<br><b>5534 Park</b>                                                                                |                                                                                                         |                                                                                                                                      |                                                                                     |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Joseph</b><br>b. (Middle) <b>Arthur</b><br>c. (Last) <b>BRENNEMAN</b>                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>August 5, 1955</b>    |                                                                                                                                                |                                                                                                         |                                                                                                                                      |                                                                                     |
| 5. SEX <b>Male</b>                                                                                                                                                                                                              | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify)<br><b>Married</b>                                                                                                                                                                                                                                                                                                                                                                  |                                                                   | 8. DATE OF BIRTH<br><b>2-11-95</b>                                                                                                             | 9. AGE (In years last birthday)<br><b>60</b>                                                            | IF UNDER 1 YEAR<br>Months _____ Days _____                                                                                           | IF UNDER 24 HRS.<br>Hours _____ Min. _____                                          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Drapery cutter - OWNER</b>                                                                                                    |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>J.A. BRENNEMAN DRAPERIES</b>                                                                                                                                                                                                                                                                                                                                                                        |                                                                   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Mc Pherson, Kansas</b>                                                                |                                                                                                         | 12. CITIZENSHIP OF WHAT COUNTRY?<br><b>USA</b>                                                                                       |                                                                                     |
| 13a. FATHER'S NAME<br><b>David Breneman</b>                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                             | 13b. MOTHER'S MAIDEN NAME<br><b>Emma Earhart</b>                  |                                                                                                                                                | 14. NAME OF HUSBAND OR WIFE<br><b>Sue Breneman</b>                                                      |                                                                                                                                      |                                                                                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>Yes</b>                                                                                                                                                 |                               | 16. SOCIAL SECURITY NO. (If yes, give year or dates of service)<br><b>WWI</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Official VA Hospital Records</b>                                                               |                                                                                                         |                                                                                                                                      |                                                                                     |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |                               | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory obstruction and pulmonary edema</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Nasopharyngeal carcinoma</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                                                   |                                                                                                                                                |                                                                                                         |                                                                                                                                      | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>140 X</b>                                |
| 19a. DATE OF OPERATION                                                                                                                                                                                                          |                               | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                                                                                |                                                                                                         |                                                                                                                                      | 20. AUTOPSY?<br>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)<br><b>VA</b>                                                                                                                                                                    |                               | 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>April 29</u> , 19 <u>55</u> , to <u>August 5</u> , 19 <u>55</u> and that death occurred at <u>7:50P m.</u> , from the causes and on the date stated above.            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                                                                                                                                                |                                                                                                         |                                                                                                                                      |                                                                                     |
| 23a. SIGNATURE <b>M. R. Gunn</b> (Degree or title)<br><b>M. R. Gunn M.D.</b>                                                                                                                                                    |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   | 23b. ADDRESS<br><b>VA Hospital, K. C. Mo.</b>                                                                                                  |                                                                                                         | 23c. DATE SIGNED<br><b>8-6-55</b>                                                                                                    |                                                                                     |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>                                                                                                                                                                      |                               | 24b. DATE<br><b>AUG-8-1955</b>                                                                                                                                                                                                                                                                                                                                                                                                              | 24c. NAME OF CEMETERY OR CREMATORY<br><b>FOREST HILL CEMETERY</b> |                                                                                                                                                | 24d. LOCATION (City, town, or county) (State)<br><b>KANSAS CITY MISSOURI</b>                            |                                                                                                                                      |                                                                                     |
| DATE REC'D BY LOCAL REG.<br><b>8-8-55</b>                                                                                                                                                                                       |                               | REGISTRAR'S SIGNATURE<br><b>Neve Marshall</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                                                                | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>D.H. Newcomer Long 1331 BRUSH CREEK KANSAS CITY, Mo.</b> |                                                                                                                                      |                                                                                     |

(Licensed Embalmer's Statement on Reverse Side)

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

X

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..... *Chester K. Brown*

Licensed Embalmer No. *49*

P. O. Address *K E W*

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.