

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16258**
2158
Registrar's No.

FILED JUN 13 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>33 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home for Jewish Aged</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>2311 Prospect</u>			
			3. NAME OF DECEASED (Type or Print) <u>Abraham</u> a. (First) b. (Middle) c. (Last) <u>BRENNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-16-56</u>	
			5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Approx 93</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - Shoemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Poland</u>		
13a. FATHER'S NAME <u>Marvin Brenner</u>		13b. MOTHER'S MAIDEN NAME <u>Chia (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Riva</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Riva Brenner</u> ADDRESS <u>Home</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Hypostatic</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pemphigus</u> DUE TO (c) <u>unknown</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>2 yrs</u> <u>1041</u> <u>Yrs</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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>3-19</u> , 19 <u>56</u> , to <u>5-16</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-16</u> , 19 <u>56</u> , and that death occurred at <u>6:45 A.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>B. Marcus Heller</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>409 E-67-st</u>			
23c. DATE SIGNED <u>5-16-56</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-17-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>		
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>						
DATE REC'D BY LOCAL REG. <u>5-18-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Fun'l Home</u> ADDRESS <u>K.C. Mo.</u>		

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

11/11

Em 1-0724

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 Guy Buffington
Licensed Embalmer No. 2724

P. O. Address N. C. No.

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.