

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35083

FILED NOV 5 - 1956

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 286

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Moberly</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>906 West End Pl</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>906 West End Pl</u>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <u>Peter</u> Middle <u>James</u> Last <u>Brennan</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>21</u> Year <u>1956</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct 2nd 1890</u>		9. AGE (In years last birthday) <u>66</u>	
IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd. Watchman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>R.R</u>		11. BIRTHPLACE (City and state and country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>William Brennan</u>				14. MOTHER'S MAIDEN NAME <u>Mary McClancy</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs Wm Epping, Moberly, Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Arrest</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Atherosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Emphysema</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>unknown</u> <u>"</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4201</u>				
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1954</u> to <u>10/19/56</u> and last saw her alive on <u>10/19/56</u> Death occurred at <u>0330</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deftee or title) <u>Robert Hersony M.D.</u>				22b. ADDRESS <u>121 S. Wms Moberly, Mo</u>		22c. DATE SIGNED <u>10/23/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-23-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Mary's</u>		23d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>		
24. FUNERAL DIRECTOR <u>Mahon and Son, Moberly, Mo</u>			ADDRESS <u>Moberly, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10/21/56</u>		26. REGISTRAR'S SIGNATURE <u>Leah... ..</u>

(Licensed Employer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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health, Welfare Public Service

beverly, coroner, etc. must use only standard nomenclature in their reports. No symptoms with any listed diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

1956

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 *Raymond F. Horne*.....
Licensed Embalmer No. 426

P. O. Address *Moberly*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.