Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-014603
STATE FILE NUMBER

FILED APR 16 1958

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Hickman Mills 8211 Longview Rd. — Length of stay in 1b 45 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson 7000
c. CITY OR TOWN Hickman Mills — Inside Limits Yes [X] No [X]
d. STREET ADDRESS (If outside, give location) Hickman Mills, Mo. 8211 Longview Rd. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First EDWARD Middle R. Last BRENNAMAN

4. DATE OF DEATH Month Day Year March 28, 1958 ~~July 4 1890~~

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] 2
8. DATE OF BIRTH July 4, 1890 ~~March 28, 1958~~
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Residential & Commercial
11. BIRTHPLACE (City and state or country) Abilene, Ks. 1
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Henry Brennaman
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Marie E. Bennaman Mills

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-09-8316
17. INFORMANT Howard L. Brennaman, Address Hickman, Mo. 8211 Longview Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Neurolized arteriosclerosis
DUE TO (c) 4200
INTERVAL BETWEEN ONSET AND DEATH

Corrected by affidavit 5/5/58

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] 3
22b. ADDRESS 6622 Prospect Sam
22c. DATE SIGNED 3-29-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-1-58
23c. NAME OF CEMETERY OR CREMATORY Mt. O Livet
23d. LOCATION (City, town, or county) (State) Rayton, Mo.

24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Funeral Home Woodland-Linwood
25. DATE RECD. BY LOCAL REG. 4-1-1958
26. REGISTRAR'S SIGNATURE Sterling Goddard

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

APR 9 1958

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 James W. Wair

Licensed Embalmer No. 4650

P. O. Address K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.