

STANDARD CERTIFICATE OF DEATH

State File No. **32174**

FILED OCT 16 1941

Registration District No. **645-10729**

Primary Registration District No. **10794387**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County **Ozark**
(b) City or town **Gainesville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **76-7-20** / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri **Ozark 077**
(a) State (b) County
(c) City or town **Gainesville** 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18**
year **1941** hour **8** minute **15** P.M.
21. I hereby certify that I attended the deceased from **June 22, 1941**
to **7/2/1941**
that I last saw him alive on **7/2/1941**
and that death occurred on the date and hour stated above.
Immediate cause of death

Pulmonary regurgitation

Due to
(I understand his condition was of long standing)
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Wm J. Collins, M.D.** (M. D. or other)
Address **Gainesville, Arkansas** Date signed **7.21.41**

3. (a) PRINT FULL NAME **Calvin Breeding**

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **M** 0
5. Color or race **W**
6. (a) Single, widowed, married, divorced, **married**

6. (b) Name of husband or wife **Cora Breeding**
6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **Nov. 28, 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 **7** **20** hr. min.

9. Birthplace **Maries County, Missouri** 0
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business

12. Name **William Breeding**
13. Birthplace **not known** 0
(City, town, or county) (State or foreign country)

14. Maiden name
15. Birthplace **Martha Belt, not known** 0
(City, town, or county) (State or foreign country)

16. (a) Informant **O. J. Breeding**

(b) Address **Midland Michigan**

17. (a) **burial** (b) Date thereof **July 20 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Isabella Cemetery**

18. (a) Signature of funeral director **Clinkingbeard Funeral Home**
(b) Address **Gainesville, Mo**

19. (a) **9/6/41** (b) **Margaret Hutchison**
(Date received local registrar) (Registrar's signature)

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

77
0
0

RECEIVED

District Health Officer No. 6,

District File Number 1041-1621

Date Filed OCT 14 1941

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

W.B. Hutchison

Licensed Embalmer No.

3481

P. O. Address

Harnesville

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.