

FILED JAN 13 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39925

Registration District No. 61

Primary Registration District No. 52-36 4107

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town EL DORADO SPRINGS MO
(If outside city or town limits, write "RURAL" and name of township)
Box Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 40 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME PAUL H. BREEDING

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRE 6. (c) Age of husband or wife if alive 55 years
ELLA BREEDING 12 1884
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 5 If less than one day hr. _____ min. _____

9. Birthplace ILL. (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name WILLIAM S. BREEDING

13. Birthplace UNKNOWN UNKNOWN (City, town, or county) (State or foreign country)

14. Maiden name MARTHA E. SNELL

15. Birthplace UNKNOWN UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ella Breeding

(b) Address Montrealle Mo.

17. (a) BURIAL (b) Date thereof 12-22-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clintonville Cemetery

18. (a) Signature of funeral director Ervin Carother

(b) Address El Dorado Springs, Mo.

19. (a) 12-19-46 (b) J. C. Brum (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Montrealle Mo. (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Gun shot wound in forehead, shot gun #12
Due to rage

Due to suicide

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy no

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

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Dec-17-46

(c) Where did injury occur on road near Cedar Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? near James Hume on farm

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

23. Signature W. D. Brown, Coroner (M. D. or other)

Address El Dorado Springs Mo Date signed 12-19-46

APR 22 1947

12-6-3212
1-8-47

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.....

Floyd E. Caruthers

Licensed Embalmer No. *4419*

P. O. Address.....

El Dorado Springs

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.

MISSOURI STATE BOARD OF HEALTH

State of Missouri

BUREAU OF VITAL STATISTICS

State File No.

County of Cedar

} ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 60On this 31st day of January, 1947, before me appearsM. D. Gwinn, who, upon his oath, states that the original record of ~~birth~~ deathfor Paul H. Breeding died December 17, 1946, in the State ofMissouri, and which was filed at El Dorado Springs, Mo. on 12/19, 1946 should be corrected as follows:Item No. 21 should read Immediate cause of death: Gun shot wound in
forhead, shot gun #12 gauge, due to AccidentInstead of Gun shot wound in forhead, shotgun #12 gauge, due to ~~suicide~~ suicideItem No. 22 (2) should read AccidentInstead of Suicide

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant M. D. Gwinn

Relationship.

El Dorado Springs, Missouri

Present Address.

Subscribed and sworn to before me this 31st day of January, 1947My Commission expires July 4, 1949 Lois Phinney Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

39925

MAY 6 1947