No. 300
10.48

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

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1637

BIRTH NO. / REG. DIST. NO. 158 PRIMARY REG. DIST. NO. 5390 Registrar's No. /

1. PLACE OF DEATH
a. COUNTY: Jefferson.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Big River
c. LENGTH OF STAY (in this place): 55 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): De Soto - Star Route - West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jeff.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Big River.
d. STREET ADDRESS (If rural, give location): De Soto, Star Route - West.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Franklin
c. (Last): Breckenridge

4. DATE OF DEATH (Month) (Day) (Year): Jan. 4 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 16, 1863
9. AGE (In years last birthday): 85 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Jeff. Co, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: George Breckenridge
13b. MOTHER'S MAIDEN NAME: Unknown.
14. NAME OF HUSBAND OR WIFE: Cornelia Tullock.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Floyd Breckenridge
ADDRESS: DeSoto Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gen. arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no.
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 38, *to* 4 Jan, 1949, *that I last saw the deceased alive on* Nov, 1948, *and that death occurred at* 11:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Karl V. McMurtry M.D.
23b. ADDRESS: DeSoto Mo.
23c. DATE SIGNED: 6 Jan 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: 1-8-'49
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery.
24d. LOCATION (City, town, or county) (State): De Soto, Mo.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE: Kathleen Marsden
25. FUNERAL DIRECTOR'S SIGNATURE: J. Lee Mothershead.
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 Andrew H. Langford Student Embalmer No. 232 working under my personal supervision.

Student ..... Student Embalmer

Signed J. E. Mottershead

Licensed Embalmer No. 3531

P. O. Address DeSoto 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 this body is not embalmed, fact should be so stated above.