

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 1949

State File No. **33319**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **4130** Registrar's No. **117**

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Birmingham</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Birmingham</b>	
c. LENGTH OF STAY (In this place) <b>50 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma</b>		b. (Middle) <b>Breeden</b>	
c. (Last) <b>Breeden</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 21-49</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 17-1858</b>
9. AGE (In years last birthday) <b>91</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>4</b>	IF UNDER 12 HRS. Hours <b>4</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>#####, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>US.</b>		13a. FATHER'S NAME <b>Sidney Creek</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Estes</b>		14. NAME OF HUSBAND OR WIFE <b>Oliver</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>H.W. Herberger</b>		ADDRESS <b>R 13 N.K.C. Mo.</b>	
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) <b>Bronchial Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Exposure</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Auricular Fibrillation</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>72 hours</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10/19, 1949</b> , to <b>10/20, 1949</b> , that I last saw the deceased alive on <b>10/20, 1949</b> , and that death occurred at <b>2:50 Am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>James E. McPherson, M.D.</b>		23b. ADDRESS <b>2025 South 20th Ave</b>	
23c. DATE SIGNED <b>10/22/49</b>			
24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 23-49</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Minnieville</b>		24d. LOCATION (City, town, or county) (State) <b>Clay Co. Missouri</b>	
DATE REC'D BY LOCAL REG <b>Oct 23-1949</b>		REGISTRAR'S SIGNATURE <b>Beulah Kitchener</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Church-Orchard Co.</b>		ADDRESS <b>Liberty Mo</b>	

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

RECEIVED

NOV 8

District Health Officer No. \_\_\_\_\_

District File Number \_\_\_\_\_

Date Filed 11-4-49

**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 \_\_\_\_\_  
Student Embalmer

Signed John Sanborn

Licensed Embalmer No. 4448

P. O. Address Liberty 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.