

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 776

BIRTH NO. _____ REG. DIST. NO. 129 PRIMARY REG. DIST. NO. 2000 Registrar's No. 9-A

1. PLACE OF DEATH
a. COUNTY **GREENE**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Springfield**
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION **Surge Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY **Douglas 30316**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **AVA**
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) **LAURA** b. (Middle) **FRANCES** c. (Last) **BRESKEARS**
4. DATE OF DEATH (Month) (Day) (Year) **1 4 50**

5. SEX **F** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **8-22-1893** 9. AGE (In years last birthday) **76** 10. UNDER 1 YEAR Months **4** Days **14** 11. UNDER 1 Hrs. Hours **14** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **N.W.** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (State or foreign country) **Christian County, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Martin Powell** 13b. MOTHER'S MAIDEN NAME **Mary Carter** 14. NAME OF HUSBAND OR WIFE **Nathan T. Breskears**

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. **No** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. H.T. Shipman** ADDRESS **13 Mo. Ave. Sumner**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arterial fibrillation** INTERVAL BETWEEN ONSET AND DEATH **1 day**
ANTECEDENT CAUSES DUE TO (b) **Cerebral accident** **6 wks**
DUE TO (c) **Hypertensive Heart disease** **years**
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Arterio sclerosis** **4 yrs**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) 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 **1-2-50**, to **1-4-50**, that I last saw the deceased alive on **1-4-50**, and that death occurred at **10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **M.D. J. D. O. Med. Cert. Bldg. Springfield** 23b. ADDRESS 23c. DATE SIGNED **1-4-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **1-8-50** 24c. NAME OF CEMETERY OR CREMATORY **AVA** 24d. LOCATION (City, town, or county) (State) **AVA Missouri**

DATE REC'D BY LOCAL REG. **1-9-50** REGISTRAR'S SIGNATURE **W.F. Handley** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Clinkingbeard Funeral Home, Ava, Mo.**

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

17 396

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 Charles R. Fish.....

Licensed Embalmer No. 4662.....

P. O. Address Ava, 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.