

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1046**
6

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City c. LENGTH OF STAY (in this place) 14 years d. FULL NAME OF HOSPITAL OR INSTITUTION 514 Woodland, Nursing home				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson c. CITY (If outside corporate limits, write RURAL and give township) Kansas City d. STREET ADDRESS (If rural, give location) 514 Woodland			
3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) CHANEY c. (Last) BREEDLOVE		4. DATE OF DEATH (Month) (Day) (Year) 1/1/50		5. SEX Fem		6. COLOR OR RACE Wh	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid		8. DATE OF BIRTH 12/4/1864		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Manchester Co. Ind.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Isaac Harker		13b. MOTHER'S MAIDEN NAME Hannah Chaney		14. NAME OF HUSBAND OR WIFE Eddridge G. Breedlove			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Hal Breedlove 3322 E 10th Terr.			
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) Arterio Sclerotic Heart Disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Gen Heart				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no Post Mort		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh K. Owens (Degree or title)				23b. ADDRESS 1034 Kanto Blvd		23c. DATE SIGNED 1-3-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/4/50		24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery		24d. LOCATION (City, town, or county) (State) East of Kansas City	
DATE REC'D BY LOCAL REG. 1-3-50		REGISTRAR'S SIGNATURE Sheraldine Holman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Sheil K. C. Mo.			

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

4

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.....

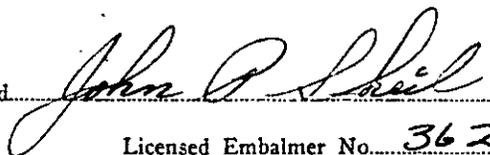
..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....



Licensed Embalmer No. 3625

P. O. Address: K.C. 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.