

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14104
21203

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>6964</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parkville, RFD.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RFD. 2, Peltus, Parkville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>				d. STREET ADDRESS (If rural, give location) <u>2 miles N.W.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minerva</u> b. (Middle) <u>Isabelle</u> c. (Last) <u>Breibeck</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 8 1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 12, 1873</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Anderson, Ind.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Alphonso Denny</u>		13b. MOTHER'S M maiden NAME <u>Evahine Stage</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY (If you give war or date of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gertrude Holand</u>		ADDRESS <u>Parkville, Mo</u>	
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <u>Apr 1, 1950</u> to <u>Apr 8, 1950</u> , that I last saw the deceased <u>alive on Apr 8, 1950</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>W. H. Wood, M.D.</u>				23b. ADDRESS <u>1600 Prof. Bldg. Kansas City, Mo</u>		23c. DATE SIGNED <u>Apr 9, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April 11, 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>		
DATE REC'D BY LOCAL REG. <u>Apr 10-50</u>		REGISTRAR'S SIGNATURE <u>Alphia Reavis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland J. Francis</u>		ADDRESS <u>Parkville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
18
Health Officer No. 8

State File No.

Date Filed 4-28-50 / 15-38

1950-4-8

1873-5-12

76,10-26

0961 I NOT

MAUL 15 1955

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, [Signature]

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, 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.