

FILED OCT 9 1950

STANDARD CERTIFICATE OF DEATH

29760

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> COUNTY <u>Christian</u> Education <u>0 2 2</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Town</u> Education <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ozark Town</u>		d. STREET ADDRESS (If rural, give location) <u>Town</u>	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) T c. (Last) Breazeale 4. DATE OF DEATH (Month) (Day) (Year) Sept 26 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Aug 9 1871 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Buissness 10b. KIND OF BUSINESS OR INDUSTRY Electric P.P 11. BIRTHPLACE (State or foreign country) Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jeff J C Breazeale 13b. MOTHER'S MAIDEN NAME Mary Chrisman 14. NAME OF HUSBAND OR WIFE Ida E Braezeale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida E Braezeale Ozark 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Hypertrophy Prostate Gland ANTECEDENT CAUSES Chronic Hypertrophy DUE TO (b) Chronic Hypertrophy DUE TO (c) Chronic Hypertrophy

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

INTERVAL BETWEEN ONSET AND DEATH 2 yrs 1 yr 20 5 yr 2 X

19a. DATE OF OPERATION 9/19/50 19b. MAJOR FINDINGS OF OPERATION Hypertrophy Prostate Gland 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) (Min) 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 \_\_\_\_\_, 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 (Degree or title) Leola E. Brown M.D. 23b. ADDRESS 609 Cherry St Spring field Mo 23c. DATE SIGNED 9/30/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept 30. 1950 24c. NAME OF CEMETERY OR CREMATORY Weaver Cemetry 24d. LOCATION (City, town, or county) (State) Christian Co Mo

DATE REC'D BY LOCAL REG Oct. 3-1950 REGISTRAR'S SIGNATURE Laetia M. Leonard 59 FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Chaffin Ozark Mo

(Licensed Embalmer's Statement on Reverse Side)

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

220  
1

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED OCT 4 1950

Dist. File 1050-2046

Date Filed 10-4-50

09611130

**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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Dzunk 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.