

FILED JAN 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39804**
Registrar's No. **337**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **337**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	
c. LENGTH OF STAY (In this place) 12 Years		d. STREET ADDRESS (If rural, give location) Ashland Gravel	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) ERNEST	b. (Middle) ELMER	c. (Last) BREISCH	4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 17, 1894	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR: Months 11 Days 14	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner of Cafe and Catering Service	10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (State or foreign country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Oscar Calvin Breisch	13b. MOTHER'S MAIDEN NAME Elma Fish	14. NAME OF HUSBAND OR WIFE Margaret Greife Breisch
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I & II	16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ernest F. Breisch, Columbia, Mo.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		2 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) 		2 hrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4 1/2 hrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-31-1950**, to **12-31, 1950**, that I last saw the deceased alive on **12-31, 1950**, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Roland P. Ladenson M.D. (Degree or title)	23b. ADDRESS 16 S. 10th Columbia	23c. DATE SIGNED 1-2-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 2, 1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Mo.
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DATE REC'D BY LOCAL REG. Jan. 3 1951	REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE Carver Funeral Service ADDRESS Columbia Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 13 1951

FEB 16 1951

RECEIVED 1-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-9-51

MAR 2 1951

FEB 8 1956

JUN 26 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Chas L. Tarrington

Licensed Embalmer No. 4132

P. O. Address Columbia, S.C.

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.