

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37172**
4700

FILED DEC 15 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 14 yrs		d. STREET ADDRESS (If rural, give location) 5820 Harrison St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT		b. (Middle) E.	
c. (Last) BREEDLOVE		4. DATE OF DEATH (Month) 11 (Day) 2 (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/10/1895
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Clerk to Master	11. BIRTHPLACE (State or foreign country) Graves, Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Frank Breedlove		13b. MOTHER'S MAIDEN NAME Annie Stenbridge	
14. NAME OF HUSBAND OR WIFE Mrs. Irene Breedlove			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 702-07-2909	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Irene Breedlove		ADDRESS 5820 Harrison	
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) Chronic pericarditis with adhesions Chronic pleurisy with adhesions. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Edema of lungs hypertension DUE TO (c) hypertension myocarditis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 Sept 7 , 1949, to Nov 2 , 1951, that I last saw the deceased alive on Nov 2 , 1951, and that death occurred at 9:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Delon A. Williams (Degree or title) MD		23b. ADDRESS 806 Prof Bldg 7th Fl	
23c. DATE SIGNED Nov 3, 1951			
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 11/5/51	
24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 11-5-51		REGISTRAR'S SIGNATURE Seraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE FREEMAN MORTUARY & CHAPEL, K.C., MO.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

Dr. Nelson Williams, Vi 4888 - Prof. Bldg.

4888

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

Willis H. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. *4438*

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.