S. No. 300
v. 10.48

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

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2176

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5881 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Osage
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jefferson Twnship
c. LENGTH OF STAY (In this place) 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) family home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY (Reg. [redacted]S
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Belle Jefferson Tp
d. STREET ADDRESS (If rural, give location) 67[illegible]

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle) Elizebeth
c. (Last) Breeding

4. DATE OF DEATH (Month) (Day) (Year) Jan 30th 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH AUG 31 1864
9. AGE (In years last birthday) 87 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ELIGE JONES
13b. MOTHER'S MAIDEN NAME LUCY JOHNSON
14. NAME OF HUSBAND OR WIFE CALVIN BREEDING (DECEA SED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME JAMES HULL **ADDRESS** BELLE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 72 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Degeneration — yrs
DUE TO (c)

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
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) m.
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* Oct, 1952, *to* 1/30, 1952, *that I last saw the deceased alive on* 1/29, 1952 *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE R. H. Schoenlah DO (Degree or title)
23b. ADDRESS Belle, Mo
23c. DATE SIGNED 1/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE FEB 3rd 1952
24c. NAME OF CEMETERY OR CREMATORY krone cemetery
24d. LOCATION (City, town, or county) (State) maries, county - MISSOUI

DATE REC'D BY LOCAL REG. Feb 5-1952
REGISTRAR'S SIGNATURE [illegible] 235
25. FUNERAL DIRECTOR'S SIGNATURE Chester Sassmann
ADDRESS SASSMANN'S FUNERAL SERVICE - Belle Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Chester Sassman

Licensed Embalmer No. 4178

P. O. Address Bland - 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.