

FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7921
State File No. _____
Registrar's No. 2

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5420

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Holcomb Twp.</u>	c. LENGTH OF STAY (In this place) <u>4 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Holcomb Twp. 1850</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-Holcomb Rte. 1</u>		d. STREET ADDRESS (If rural, give location) <u>Holcomb, Mo. Rte. 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>LEANA</u> c. (Last) <u>BREEDLOVE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 14, 1874</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR <u>77</u> Months <u>6</u> Days <u>6</u> IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Pounders</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Radiken</u>	14. NAME OF HUSBAND OR WIFE <u>Hohn Breedlove</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ella Bradshaw, Campbell, Mo. R. 3</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac De-compensation</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
---	---	--	--	--	----------------------------------

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>			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)	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 Jan 15, 1952, to Feb 20, 1952, that I last saw the deceased alive on Feb 10, 1952, and that death occurred at 5 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dorothy L. Campbell</u> (Degree or title)		23b. ADDRESS <u>Campbell, Mo.</u>		23c. DATE SIGNED <u>2/20/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 22, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hayti, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>3-1-52</u>	REGISTRAR'S SIGNATURE <u>J. Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Landess Funeral Home Campbell, Mo</u>
---	---	--	--

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

359

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-10-52

COUNTY FILE NUMBER 352-72

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.