S. No. 300
V. 10.48

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

FILED JUN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17373

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 4576 Registrar's No. 6

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Guilford
d. STREET ADDRESS (If rural, give location) 1740 1

3. NAME OF DECEASED (Type or Print)
a. (First) Tillman
b. (Middle)
c. (Last) Breit

4. DATE OF DEATH (Month) (Day) (Year) 5-27-1952

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W

8. DATE OF BIRTH 6-28-1882

9. AGE (In years last birthday) 69 | 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) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (State or foreign country) Nodaway Co Mo

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Jacob Breit

13b. MOTHER'S MAIDEN NAME Sarah Nealeiah

14. NAME OF HUSBAND OR WIFE Maude Ann Graham (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. —

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Bennet Guilford

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) Ictus cerebri — INTERVAL BETWEEN ONSET AND DEATH: momentary

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized atherosclerosis — more than 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary insufficiency — more than 5 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION not made 334.X

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* 29 March, 1948, *to* 27 May, 1952, *that I last saw the deceased alive on* 4 May, 1952, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Clay D. Humbaugh (Degree or title) D.O.

23b. ADDRESS Barnard, Mo.

23c. DATE SIGNED 29 May, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-30-52

24c. NAME OF CEMETERY OR CREMATORY Bolckow

24d. LOCATION (City, town, or county) (State) Bolckow Mo

DATE REC'D BY LOCAL REG. 6-2-52

REGISTRAR'S SIGNATURE Mrs Elza Crenshaw

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Breit Funeral Home Savannah 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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address SAVANNAH 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.