

STANDARD CERTIFICATE OF DEATH

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FILED JUN 16 1952

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5587 Registrar's No. 102

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Preston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Preston	
c. LENGTH OF STAY (in this place) 18 Yrs.		d. STREET ADDRESS (If rural, give location) Carthage, Mo. Route # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Carthage, Mo. Route #2			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) N. c. (Last) Breedlove			4. DATE OF DEATH (Month) (Day) (Year) June 1, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-14-1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 6 mos. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Green Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Breedlove		13b. MOTHER'S MAIDEN NAME Martha Martin		14. NAME OF HUSBAND OR WIFE Edna May Mason Breedlove	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna May Breedlove Carthage # 2	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease				INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) _____ 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 4201			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) (Min.)			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 _____, 19____, to _____, 19____, that I last saw the deceased alive on June 1, 1952, and that death occurred at 9:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Knott M.D.		23b. ADDRESS		23c. DATE SIGNED June 3	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-4-52		24c. NAME OF CEMETERY OR CREMATORY Fairview, Daplin Daplin		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 6-3-52		REGISTRAR'S SIGNATURE L. B. Clinton M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Funeral Home Carthage, Mo.	
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RECEIVED 6-14-52

Jasper County Health Office

County File Number 52/6/449

Date Filed 6-14-52

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. 462

working under my personal supervision.

Student Robert E. Matheman
Student Embalmer

Signed Ray B. Rose

Licensed Embalmer No. 4779

P. O. Address Carthage, 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.