

3007 JUL 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 45-15 Registrar's No. _____

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Sullivan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Milan</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Peper</u> | |
| c. LENGTH OF STAY (in this place) <u>3 mo</u> | | d. STREET ADDRESS (If rural, give location) <u>1050</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lawrence Luis Home</u> | | | |

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|--|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Jane</u> b. (Middle) <u>Breeding</u> c. (Last) <u>Breeding</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-24-52</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>12-31-1878</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR: Months <u>5</u> Days <u>23</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Sullivan Co. Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Solomon Shipley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Julia Ann Hollow</u> | | 14. NAME OF HUSBAND OR WIFE <u>Samuel P. Breeding (dead)</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. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Robert Shipley - Peper - Mo</u> | |

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|---|--|--|---|
| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach & metastatic carcinoma</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> |
| | ANTECEDENT CAUSES Morbidity 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. | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input 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) _____ | | 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 Dec 1949, to June 24, 1952, that I last saw the deceased alive on Jan 25, 1952, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

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|--|--|--|--|---|--|
| 23a. SIGNATURE <u>J. P. Martin</u> (Degree or title) <u>mo</u> | | 23b. ADDRESS <u>Peper Mo</u> | | 23c. DATE SIGNED <u>6-25-1952</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6-25-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Henry Can</u> | |
| | | 24d. LOCATION (City, town, or county) <u>Peper</u> | | (State) <u>Mo</u> | |

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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG <u>July 2-1952</u> | | REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Schindler</u> | |
| | | | | ADDRESS <u>Milan Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Dwight Schoene

Signed.....

Student Embalmer

Licensed Embalmer No. 2667

P. O. Address Windsor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.