

STANDARD CERTIFICATE OF DEATH

State File No. **41424**

FILED JAN 7 - 1953

BIRTH NO. _____		REG. DIST. NO. 4		PRIMARY REG. DIST. NO. 4016		Registrar's No. 97	
1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison			
b. CITY (If outside corporate limits, write RURAL and give township) Tarkio		c. LENGTH OF STAY (In this place) 180 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Tarkio		82311	
d. FULL NAME OF HOSPITAL OR INSTITUTION ***				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) JACK			a. (First) ELDRIDGE		c. (Last) BREAZILE		4. DATE OF DEATH (Month) (Day) (Year) Dec 18 1952
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 18, 1926		9. AGE (In years last birthday) 26	if under 1 year Months 3	if under 6 wks. Days - Hours - Mins. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) railroad		10b. KIND OF BUSINESS OR INDUSTRY section hand		11. BIRTHPLACE (State or foreign country) Rock Port, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S	
13a. FATHER'S NAME T.W. Breazile		13b. MOTHER'S MAIDEN NAME Hadie Hogue		14. NAME OF HUSBAND OR WIFE Charlotte Breazile			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.#2		16. SOCIAL SECURITY NO. 495-26-0114		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hadie Breazile Tarkio, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion 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. 4281				INTERVAL BETWEEN ONSET AND DEATH 2 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (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 12/18/52 , 19 52 , to 12/18/52 , 19 52 , that I last saw the deceased alive on _____, 19____, and that death occurred at 9:15 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE E. J. Niedermeyer, M.D.				23b. ADDRESS Tarkio, Mo.		23c. DATE SIGNED 12/20/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12/21/52	24c. NAME OF CEMETERY OR CREMATORY Home Cemetery		24d. LOCATION (City, town, or county) (State) Tarkio, Missouri.		
NOTE REC'D BY LOCAL REG. Dec 21, 1952		REGISTRAR'S SIGNATURE Marvin J. Schaefer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis Funeral Home Tarkio, Mo.			

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

MAY 11 1965
DAN & MARY

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 _____

John M. Davis

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.