

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8294

No. 300
10-48

State File No.

DIED FEB 20 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 533

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Robertson		c. CITY OR TOWN Robertson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1		d. STREET ADDRESS (If rural, give location) Route 1	

3. NAME OF DECEASED (Type or Print) a. (First) Tone b. (Middle) E. c. (Last) Breashear			4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 9, 1882	9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Fredonia, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME C.T. Lee	13b. MOTHER'S MAIDEN NAME Lenora Canada	14. NAME OF HUSBAND OR WIFE L.B. Breashear
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME L.B. Breashear, Robertson, Mo. ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) _____		
11. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 1948, to Feb. 12, 1953, that I last saw the deceased alive on Feb. 12, 1953, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.	23b. ADDRESS St. Louis MO. 14	23c. DATE SIGNED Feb. 13, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-13-53	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Chamois, Mo.
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DATE REC'D BY LOCAL REG. 2-13-53	REGISTRAR'S SIGNATURE Hester R. Dink-M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Morton Funeral Home, Linn, Mo. ADDRESS
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P.T. (Licensed Embalmers' 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Lawrence H. Wilson
~~Not embalmed~~

Licensed Embalmer No. _____

P. O. Address _____

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.