

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13024

State File No.

FILED APR 14 1953

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. LENGTH OF STAY (In this place) 1 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada Mo.		1082	
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME				d. STREET ADDRESS (If rural, give location) 503 E. Vernon			
3. NAME OF DECEASED (Type or Print) a. (First) Andrew		b. (Middle) Richard		c. (Last) Breedlove		4. DATE OF DEATH (Month) (Day) (Year) 4 1 53	
5. SEX Male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH Jan. 24, 1882	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Iaclade Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Anderson Breedlove		13b. MOTHER'S MAIDEN NAME Mollie A. Breedlove		14. NAME OF HUSBAND OR WIFE Unk.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492 20 7001		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Breedlove K. C. Kan			
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, ashenic, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease w. left ventricular failure 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. Bronchial Asthma				INTERVAL BETWEEN ONSET AND DEATH 20 yrs. yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				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 4-1, 1956 , to 4-1, 1953 that I last saw the deceased alive on 4-1-53 , 19__, and that death occurred at 8 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. B. Davis, M.D.				23b. ADDRESS Neosho, Mo		23c. DATE SIGNED 4-3-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4 4 53		24c. NAME OF CEMETERY OR CREMATORY Sheldon		24d. LOCATION (City, town, or county) (State) Sheldon Mo.	
DATE REC'D BY LOCAL REG. 4-7-53		REGISTRAR'S SIGNATURE Anna E. Ferry 451		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS I. Gerald Beeny Sheldon			

(Licensed Embalmer's Statement on Reverse Side)

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

1082
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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 L. Gerald Beery

Licensed Embalmer No. 46093

P. O. Address Shelton MD

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.