

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16822

State File No. ....

No. 300  
10.48

FILED APR 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 355 PRIMARY REG. DIST. NO. 6202 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL CARROLL</u>	c. LENGTH OF STAY (in this place) <u>2 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL Carroll</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>3MI N.W SUMMERSVILLE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DUKE</u>		b. (Middle)		c. (Last) <u>BREEDEN Sr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 28 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 7, 1895</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Vermont, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John G. Breeden</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Carme</u>		14. NAME OF HUSBAND OR WIFE <u>Dollie</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>498-05-6013</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dollie Breeden</u>		ADDRESS <u>Summersville 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Intra Thoracic Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchogenic Carcinoma</u> DUE TO (c) <u>Generalized Carcinomatosis</u>		
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	20. AUTOPSY? <u>162X</u> YES <input type="checkbox"/> NO <input 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)
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"/>	21h. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1952 to Mar 25, 1953, that I last saw the deceased alive on Mar 25, 1953, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Durward</u> (Degree or title)	23b. ADDRESS <u>Houston, Mo</u>	23c. DATE SIGNED <u>3/31/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NILE</u>	24d. LOCATION (City, town, or county) (State) <u>TEXAS CO MO</u>
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DATE REC'D BY LOCAL REG. <u>Apr 13-53</u>	REGISTRAR'S SIGNATURE <u>Anna Roberts</u> <u>433</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliott Funeral Home</u> ADDRESS <u>HOUSTON, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 Frank E. Hood

Licensed Embalmer No. 4024

P. O. Address Houston, 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.