

FILED AUG 5 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25361

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 344

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Ottawa</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miami</u> <u>2350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Joplin General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print) <u>Flora Breckenridge</u>			4. DATE OF DEATH <u>July 21, 1953</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 27, 1907</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR
					Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home Making</u>	11. BIRTHPLACE (State or foreign country) <u>Rocky Comfort, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Charley Knight</u>	13b. MOTHER'S MAIDEN NAME <u>Nettie Pauls</u>	14. NAME OF HUSBAND OR WIFE <u>Hetsel Breckenridge</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hetsel Breckenridge</u> ADDRESS <u>Miami, Okla.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute medullary failure</u>		<u>nine hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>septicemia</u> DUE TO (c) <u>gangrenous bowel</u>		<u>nine hours</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Multiple abdominal abscesses</u>	<u>unknown</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 7-21-53, 10 \_\_\_\_\_ to 7-22-53, 10 \_\_\_\_\_, that I last saw the deceased alive on 7-22-53, 10 \_\_\_\_\_, and that death occurred at 12:35 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>521 W 4th, Joplin, Mo</u>	23c. DATE SIGNED <u>7/24/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 24, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>G.A.R. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Miami, Okla.</u>
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DATE REC'D BY LOCAL REG. <u>7-27-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson-Hunter Funeral Home</u> ADDRESS <u>Picher, Okla.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 3 1953

Jasper County Health Office

Codify File Number 53-8-630

Date Filed ~~AUG 3 1953~~

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

*W. H. Anderson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4770

P. O. Address *Jasper, 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.