

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5734

State File No. ....

72484-53  
FILED MAR 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5968 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>"Rural" N. Benton Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>"Rural" N. Benton Twp.</u> <span style="float: right;">0840</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bolivar Star Rt.</u>		d. STREET ADDRESS (If rural, give location) <u>Bolivar Star Rt.</u>	

3. NAME OF DECEASED (Type or Print) <u>Kerry Glen Breshears</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14 1954</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Oct. 21, 1953</u>		9. AGE (In years last birthday) <u>3</u> <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Humansville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Glen D. Breshears</u>	13b. MOTHER'S MAIDEN NAME <u>Patricia M. Love</u>	14. NAME OF HUSBAND OR WIFE
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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>Glen D. Breshears</u>	ADDRESS <u>Bolivar, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>		
	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.  <u>491 X</u>			

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 Oct 1, 1953, to Feb. 14, 1954, that I last saw the deceased alive on Feb. 13, 1954, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. D. Barnett M.D.</u>	23b. ADDRESS <u>Bolivar, Mo.</u>	23c. DATE SIGNED <u>2/15/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb. 15, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. View Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Polk County, Mo.</u>
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DATE REC'D BY LOCAL REG <u>Feb. 18, 1954</u>	REGISTRAR'S SIGNATURE <u>Ralph Warden</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Turpin Funeral Home</u>	ADDRESS <u>Bolivar, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**STATEMENT BY LICENSED EMBALMER**

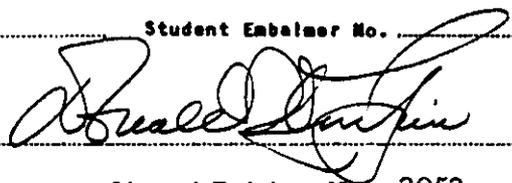
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_



Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.