

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23941**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5937** Registrar's No. **289**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 day		e. STREET ADDRESS (If rural, give location) Milner Hotel 0807	
d. FULL NAME OF HOSPITAL OR INSTITUTION Whsington twmsp.			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) ROLAND	
c. (Last) BREEDEN		4. DATE OF DEATH (Month) (Day) (Year) July 28, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 17, 1878
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired	11. BIRTHPLACE (City and State or Foreign Country) Glasgow, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Robert V. Breeden	
13b. MOTHER'S MAIDEN NAME Clara Geisler		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Russell Pace, Green Ridge, Mo.		ADDRESS (nephew)	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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)	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 observed viewed the deceased as 19 Coroner , 19 , that I last saw the deceased alive on 19 , and that death occurred at 2:30P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Chas. Gordon Souffache, M.D.		23b. ADDRESS Coroner, Pettis Co.	
23c. DATE SIGNED 7-29-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/30/54	24c. NAME OF CEMETERY OR CREMATORY Hickory Point	24d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo.
DATE REC'D BY LOCAL REG. 7/29/54	REGISTRAR'S SIGNATURE Lavinia Coons, Dept.	25. FEDERAL DIRECTOR'S SIGNATURE James E. ...	

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed. *Duane Egan*

Licensed Embalmer No. *38*

P. O. Address. *Sedalia*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.