

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **28508**

**FILED AUG. 23 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **2932** Registrar's No. **305**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Pettis</b> b. CITY OR TOWN <b>LaMonte (Rural)</b> c. LENGTH OF STAY (in this place) <b>5 weeks</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>S.W. of LaMonte</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b> c. CITY OR TOWN <b>LaMonte</b> d. STREET ADDRESS <b>George Breon - S.W. of LaMonte</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Hattie</b> b. (Middle) <b>Jane</b> c. (Last) <b>Breon</b>		<b>4. DATE OF DEATH</b> (Month) <b>Aug</b> (Day) <b>15</b> (Year) <b>1954</b>	
<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>White</b>	
<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>		<b>8. DATE OF BIRTH</b> <b>4-13-1876</b>	
<b>9. AGE</b> (in years last birthday) <b>78</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farm</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Fon de lac Wisconsin</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>Francois Leonard</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Francis Unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Spencer Breon</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Frank Breon</b> <b>LaMonte Mo.</b>			

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Thrombosis</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Chr. Valvular disease</b>	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>24 hrs</b>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> ✓	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>LaMonte, Pettis, Mo</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>332 X</b>

**22. I hereby certify that I attended the deceased from Aug 10, 1954 to Aug 12, 1954 that I last saw the deceased alive on Aug 15, 1954 and that death occurred at 8:45 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>G. W. Brown, M.D.</b>	<b>23b. ADDRESS</b> <b>Knob Noaster, Mo</b>	<b>23c. DATE SIGNED</b> <b>Aug 16-54</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>8/17/54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Knobnoater Cemetery</b>
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Knobnoater Mo.</b>		

<b>DATE REC'D BY LOCAL REG.</b> <b>8/17-54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Lavina Coon</b>	<b>DEPUTY REGISTRAR'S SIGNATURE</b> <b>Paul M Moore</b>	<b>ADDRESS</b> <b>LaMonte Mo</b>
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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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Paul M. Moor

Licensed Embalmer No. 3923

P. O. Address St. Montpelier

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.