

FILED OCT 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29962

BIRTH NO. _____		REG. DIST. NO. <u>44</u>		PRIMARY REG. DIST. NO. <u>4061</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Okl.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Braymer,</u>		c. LENGTH OF STAY (In this place) <u>2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Oklahoma city</u>		d. STREET ADDRESS (If rural, give location) <u>8358</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>own home.</u>							
3. NAME OF DECEASED (Type or Print) <u>Mary</u>		a. (First)		b. (Middle) <u>Prudence</u>		c. (Last) <u>Henderson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28, 1954</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	
8. DATE OF BIRTH <u>Dec. 2, 1893</u>		9. AGE (In years last birthday) <u>60 yrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Bosworth, Missouri</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John C. Breckenridge</u>		13b. MOTHER'S MAIDEN NAME <u>Maude B. Breckenridge</u>		14. NAME OF HUSBAND OR WIFE <u>widow</u>			
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>490-30-5547</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Dorothy Breckenridge, Chicago, ILL.</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Cecum</u> DUE TO (c) <u>Metastasis of Carcinoma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>years</u> <u>2 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 27, 1954</u> , to <u>Sept. 29, 1954</u> , that I last saw the deceased alive on <u>Sept. 28, 1954</u> , and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John N. Frank DO</u>				23b. ADDRESS <u>Braymer, Mo</u>		23c. DATE SIGNED <u>9-28-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-30-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Coloma Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Tina, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-3-54</u>		REGISTRAR'S SIGNATURE <u>Wm. Keith...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mead Funeral Service</u>		ADDRESS <u>Braymer, Mo</u>	

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

Bernard F. Meach

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.