

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 9 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 79

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JASPER</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>JOPLIN</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>JOPLIN</b>   |  |
| c. LENGTH OF STAY (In this place)<br><b>3 HRS</b>                                     |  | d. STREET ADDRESS (If rural, give location)<br><b>801 FOREST AVE.</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>                    |  |   |  |

|  |                              |  |   |   |                             |   |
|--|------------------------------|--|---|---|-----------------------------|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>ERNEST</b> b. (Middle) <b>JAMES</b> c. (Last) <b>BREAZEALE</b> |                              |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>FEB. 26, 1955</b> |   |                             |   |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b> | 8. DATE OF BIRTH<br><b>DEC. 19, 1913</b>                      | 9. AGE (In years last birthday) <b>41</b>                         | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>MEAT CUTTER</b>      |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>PACKING HOUSE</b>                |   | 11. BIRTHPLACE (State or foreign country)<br><b>JOPLIN, MO. 0</b> |                             | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME<br><b>JOHN BREAZEALE</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>CORA HARBIN</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>MRS WILMA BREAZEALE</b>                                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>UNK</b> |  | 16. SOCIAL SECURITY NO.                         |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>MRS WILMA BREAZEALE, 801 FOREST AVE.</b> |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 18. CAUSE OF DEATH PER line for (a), (b), and (c)<br><br>*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<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Regurgitation &amp; failure Terminal</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 mo.</b> |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  | DUE TO (b) <b>Rheumatic Ht. Dis.</b>  |  | <b>15+ years</b>                                 |  |
|   |  | DUE TO (c) <b>Strepto cocci sensitivity</b>   |  | <b>" "</b>                                       |  |
| 11. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input checked="" type="checkbox"/> NO <input 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) |  | 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 Nov 13, 1953, to Feb 26, 1955, that I last saw the deceased alive on Feb 26, 1955 and that death occurred at 9:20 p.m., from the causes and on the date stated above.

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title)<br><b>H. K. Weeman M.D.</b> |  | 23b. ADDRESS<br><b>717 Euclid Bldg Joplin</b> |  | 23c. DATE SIGNED<br><b>3/1/55</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   |  | 24b. DATE<br><b>3-2-55</b>                    |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>OZARK MEMORIAL PARK</b>         |  |
|  |  |   |  | 24d. LOCATION (City, town, or county) (State)<br><b>JOPLIN, MISSOURI</b> |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG.<br><b>3-3-55</b> |  | REGISTRAR'S SIGNATURE<br><b>James D. Dalbey</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>STEVE PARKER MORTUARY, JOPLIN, MO.</b> |  |
|---|--|---|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 23-3-155  
Date Filed MAR 7 - 1955

MAR 9 1955

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.....  
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.