

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21434

State File No. ....

FILED AUG 8 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5190 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Carroll</u> b. CITY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Carrollton</u> c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>Osworth MO.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Singleton Rest Home</u>		e. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George P.</u> b. (Middle) <u>Breeze</u> c. (Last) _____	4. DATE OF DEATH (Month) <u>July</u> (Day) <u>31</u> (Year) <u>55</u>
5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>NEVER MARRIED</u>
8. DATE OF BIRTH <u>Feb. 23, 1964</u>	9. AGE (In years last birthday) <u>91</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>8</u> IF UNDER 24 HRS. Hours <u>0</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) <u>DeWitt MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>

13a. FATHER'S NAME <u>Robert Breeze</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Paterson</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) # _____ (If yes, give year or dates of service) # _____	16. SOCIAL SECURITY NO. # _____	17. INFORMANT'S SIGNATURE OR NAME <u>Hebert C. Breeze</u> ADDRESS <u>5418 Hardesty</u> <u>K.C.M.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</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) <u>4222</u>		
	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 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) _____ m. _____	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 July 27, 1955, to July 31, 1955, that I last saw the deceased alive on July 31, 1955, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward R. Smith</u> (Degree or title) <u>200-107-95th</u>	23b. ADDRESS <u>Carrollton Mo</u>	23c. DATE SIGNED <u>8-4-55</u>
24a. BURIAL CREMATION-REMOVAL (Specify) _____	24b. DATE <u>Aug. 2 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wharton</u>
	24d. LOCATION (City, town, or county) <u>5m.s.e Bosworth MO.</u> (State) _____	

DATE REC'D BY LOCAL REG. <u>8-2-55</u>	REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u> <u>45-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Edwards</u> ADDRESS <u>Bosworth Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *David J. Edwards*.....

Licensed Embalmer No. *32*.....

P. O. Address *Brown Co*.....

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.