

FILED JAN 10 1956

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATHState File No. 41190BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 212

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Laclede</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mass</u> b. COUNTY <u>Suffolk</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Lebanon</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dorchester -</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Highway 66 -</u> | | d. STREET ADDRESS (If rural, give location) <u>50 Barry Street</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> | | b. (Middle) <u>H.</u> | |
| | | c. (Last) <u>Breare</u> | |
| 4. DATE OF DEATH <u>December 30, 1955</u> | | 5. SEX <u>Male</u> | |
| 6. COLOR OR RACE <u>Cau -</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u> | |
| 8. DATE OF BIRTH <u>17 August 1937</u> | | 9. AGE (In years last birthday) <u>18</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>US Army</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Unknown</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE _____ | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> | |
| 16. SOCIAL SECURITY NO. <u>011-28-5183</u> | | 17. DECEASED'S SIGNATURE OR NAME <u>G. B. Milligan, Major, MSC, Ft. Leonard Wood, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (a) <u>Contusion of left lung with massive pulmonary hemorrhage. Basal skull fracture depressed, temporo-parietal, bones.</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) _____ | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Laceration hilum of spleen with hemorrhage into peritoneum.</u> | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT (Specify) <u>HOMICIDE Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Near Lebanon, Laclede, Missouri</u> | |
| 21c. (CITY, TOWN, OR TOWNSHIP) <u>053</u> (COUNTY) _____ (STATE) _____ | | 21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY <u>December 30, 1955 06:30 am</u> | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Automobile accident</u> | |
| 22. I hereby certify that I was ^{was} the deceased on ^{on} <u>30 December, 1955</u> , at the place and on the date stated above ^{at the place and on the date stated above} , and that death occurred at <u>06:30 am</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Name and title) <u>Anthony J. Deley, Registrar</u> | | 23b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u> | |
| 23c. DATE SIGNED <u>30 Dec 1955</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Dec 31 1955</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Dorchester</u> | | 24d. LOCATION (City, town, or county) (State) <u>Dorchester Mass</u> | |
| DATE REC'D BY LOCAL REG. <u>12-31-1955</u> | | REGISTRAR'S SIGNATURE <u>Hella L. Hays</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGES FUNERAL HOMES INC CROCKER MO</u> | | ADDRESS _____ | |

(Licensed Embalmer's Statement on Reverse Side)

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

Received 1-9-55
Laclede County Health Unit
File No. 212
Date Filed 1-9-55

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 _____

Clarence Dress

Licensed Embalmer No. 4896

P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.