

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

1888
State File No.

FILED JAN 31 1956

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4282 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>MONTICELLO</u> c. LENGTH OF STAY (In this place) <u>LIFE</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXXXXXXXXXXXXXXXXXX</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>MONTICELLO</u> 2560 d. STREET ADDRESS (If rural, give location) <u>XXXXXXXXXXXXXXXXXXXX</u>	
--	--	---	--

3. NAME OF DECEASED a. (First) <u>OLIVER</u> (Type or Print) b. (Middle) <u>CLAY</u> c. (Last) <u>BREEDING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 22, 1956</u>		5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1/13/1879</u> 9. AGE (In years last birthday) <u>77</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL</u>		11. BIRTHPLACE (State or foreign country) <u>MONTICELLO, MISSOURI</u> 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
---	--	--	--	---	--	---	--	--	--	--	--

13a. FATHER'S NAME <u>GEORGE BREEDING</u>		13b. MOTHER'S MAIDEN NAME <u>LORETTA COUCHMAN</u>		14. NAME OF HUSBAND OR WIFE <u>NANCY BREEDING</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service) <u>XXXXXXXXXXXX</u>		16. SOCIAL SECURITY NO. <u>490-18-5152</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>NANCY BREEDING MONTICELLO, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</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>490x</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemiplegia (Stroke)</u>		19a. DATE OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION _____		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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 3/7, 1946, to 1/22, 1956, that I last saw the deceased alive on 1/22, 1956 and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. B. Dodson, M.D.</u>		23b. ADDRESS <u>W. F. Canton, Mo.</u>		23c. DATE SIGNED <u>1/24/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/24/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MONTICELLO</u>	
24d. LOCATION (City, town, or county) (State) <u>MONTICELLO, MISSOURI</u>		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles H. Conroy, Jr.</u> <u>Lewistown, Mo.</u>		24f. DATE REC'D BY LOCAL REG. <u>1-25-56</u>	

REGISTRAR'S SIGNATURE P. W. Jennings
Funeral Director's Signature Charles H. Conroy, Jr.
 Address: Lewistown, Mo.
 (If used Embalmer's Statement on Reverse Side)
E. L.

WRITE PLAINLY - USING UNFADING BLACK INK

FEB 1 1953

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

Charles L. Arnold Sr.

Licensed Embalmer No.

4667

P. O. Address..... LEWISTOWN, MISSOURI

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

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