

FILED JAN 31 1956

STANDARD CERTIFICATE OF DEATH

State File No. **3522**

BIRTH NO. _____ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4497** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY SHELBY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY SHELBY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLARENCE		c. CITY OR TOWN CLARENCE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 47m		e. STREET ADDRESS (If rural, give location) CLARENCE MO 1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME CLARENCE MO			

3. NAME OF DECEASED (Type or Print) a. (First) LAWRENCE b. (Middle) DAVID c. (Last) BREEDLOVE	4. DATE OF DEATH JAN 23 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT 30 1963	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRIAL DUSTRY GENERAL FARMING	11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME BARTLETT BREEDLOVE	13b. MOTHER'S MAIDEN NAME HELEN STUPPERT	14. NAME OF HUSBAND OR WIFE IDA MAE BREEDLOVE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME RAYMOND M. BREEDLOVE	ADDRESS CLARENCE MO
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 5 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial insufficiency		1 yr 1
	DUE TO (c) arteriosclerosis		unk
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	4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from **12-4**, 1955, to **1-23**, 1956, that I last saw the deceased alive on **1-20**, 1956, and that death occurred at **4-15P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Alan R. Hull D.O.	23b. ADDRESS Clarence, MO	23c. DATE SIGNED 1-27-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-25-56	24c. NAME OF CEMETERY OR CREMATORY MAPLEWOOD CEMETERY CLARENCE	24d. LOCATION (City, town, or county) (State) MO
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DATE REC'D BY LOCAL REG. 1-28-56	REGISTRAR'S SIGNATURE Ada Garrison	419	25. FUNERAL DIRECTOR'S SIGNATURE Charles V. Stearns	ADDRESS Clarence MO
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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 *Charles O. Greening*

Licensed Embalmer No. *46*

P. O. Address *Clarence*

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.