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FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9888

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: MONROE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARIS
c. LENGTH OF STAY (in this place): 1 m
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STANDARD SERVICE STATION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: SHELBY
c. CITY OR TOWN: CLARENCE
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): CLARENCE MO

3. NAME OF DECEASED (Type or Print)
a. (First) LAWRENCE b. (Middle) A. c. (Last) BREEDLOVE

4. DATE OF DEATH (Month) (Day) (Year): MARCH 15 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 14, 1899
9. AGE (In years last birthday): 57 — 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): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: INS - MFAT HEARING AIDS
11. BIRTHPLACE (City and State or Foreign Country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: L. D. BREEDLOVE
13b. MOTHER'S MAIDEN NAME: IDA MAY ALBERT
14. NAME OF HUSBAND OR WIFE: RUTH BREEDLOVE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): SA TC WORLD WAR I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: RUTH BREEDLOVE — ADDRESS: CLARENCE MO

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): An acute coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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: 4201
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1st, 1951, *to* Marh 15th, 1956, *that I last saw the deceased alive on* March 7, 1956, *and that death occurred at* 2:30 pm *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thos. L. Fleming
23b. ADDRESS: Moberly Mo
23c. DATE SIGNED: Mar 16th

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-17-56
24c. NAME OF CEMETERY OR CREMATORY: MAPLEWOOD CEMETERY
24d. LOCATION (City, town, or county) (State): CLARENCE MO

DATE REC'D BY LOCAL REG.: 3-24-56
REGISTRAR'S SIGNATURE: F. A. Barnett M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Charles V Greening — ADDRESS: Clarence Mo

(Licensed Embalmer's Statement on Reverse Side)

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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles V. Green

Licensed Embalmer No. 46

P. O. Address Claren

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.