

FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20142

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 576

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hosp.		d. STREET ADDRESS 741 E. Monroe	
Length of stay in lb 59 Yrs.		Reside on Farm <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First BEULAH Middle BREAZEALE Last BREAZEALE			4. DATE OF DEATH Month June Day 24 Year 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 26 Aug. 1896	9. AGE (In years last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Missouri	
13. FATHER'S NAME Nathaniel Moore			14. MOTHER'S MAIDEN NAME Cora Cochran		
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 Hospital Records	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Erosion of Hepatic Artery	2 days
	DUE TO (c) Pancreatic Necrosis	2 wks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Abou Secondary to Subtotal Gastrectomy		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 8.)	
20c. TIME OF INJURY Hour 9:55 PM Month 6 Day 24 Year 56		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Springfield
		COUNTY Greene STATE Missouri

21. I attended the deceased from 6-4-56 , to 6-24-56 and last saw her alive on 6/24/56 Death occurred at 9:55 PM m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE C. H. Egan (Degree or title)	22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 6/25/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/27/56	23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery	23d. LOCATION (City, town, or county) Springfield, Missouri
--	-----------------------------	---	---

24. FUNERAL DIRECTOR W. Klugmaier Co.	ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 6-27-56	26. REGISTRAR'S SIGNATURE Edith Williamson
---	------------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. This certificate is subject to the provisions of the Missouri Public Health Act, Chapter 122, R.S.Mo., and to the provisions of the Missouri Public Health Act, Chapter 122, R.S.Mo., and to the provisions of the Missouri Public Health Act, Chapter 122, R.S.Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Max P. [Signature]*
.....

Licensed Embalmer No.....

P. O. Address.....

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