

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23349

State File No.

No. 300

10-48

FILED AUG 13 1956

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 720

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>13 days</u>	c. CITY OR TOWN <u>Bolivar</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		STREET ADDRESS (If rural, give location) <u>615 W. Broadway</u> 0841	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>Carl</u> c. (Last) <u>Breesawitz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 5, 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>Oct. 27, 1921</u>
9. AGE (to years last birthday) <u>34</u>		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) <u>mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>auto mechanic</u>	11. BIRTHPLACE (City and State or Foreign Country) / <u>Enid, Oklahoma</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Louis E. Breesawitz</u>
13b. MOTHER'S MAIDEN NAME <u>Irene Cannon</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Lou Breesawitz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>446096035</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Lou Breesawitz, Bolivar, 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* <u>Perforated Duodenal Ulcer & Peritonitis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>15 days.</u>			
19a. DATE OF OPERATION <u>7/23/56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Perforated Duodenal ulcer - Peritonitis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)	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 <u>19</u> to <u>Aug 5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Aug 4</u> , 19 <u>56</u> , and that death occurred at <u>4:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edward Lehmann M.D.</u>		23b. ADDRESS <u>609 Cheng St. - Springfield</u>	23c. DATE SIGNED <u>8-7-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug., 7, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bolivar, Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-9-56</u>	REGISTRAR'S SIGNATURE <u>Erwin and Blue</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Erwin and Blue, Bolivar, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Marshall C. Black*

Licensed Embalmer No. *47*

P. O. Address *Bolivar*

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.