

FILED JUL 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23504

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5523 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Washington</u> b. COUNTY <u>Okanagan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Green Township</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>	c. CITY OR TOWN <u>OMAK</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile N of Pittsburg</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>316 Maple St</u>		84608	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>Franklin</u>	c. (Last) <u>Breshears</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 9-1956</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>Aug 20-1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Avery, Mo</u>	9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u> IF OVER 1 YEAR Hours <u>0</u> Min. <u>0</u>
13a. FATHER'S NAME <u>Henry B. Breshears</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Breshears</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Breshears</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Breshears, 316 Maple - Omak, WASH</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unspecified</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u> <u>Renal failure</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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)	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 July 8, 1956 to July 10, 1956, that I last saw the deceased alive on July 8, 1956, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>C. Bailey</u>	23b. ADDRESS <u>1216 W. Main St. Oyak, Wash</u>	23c. DATE SIGNED <u>July 12, 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-14-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Avery Baptist Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Avery, Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert Hathaway - Wheatland, Mo</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>7-14-1956</u>	REGISTRAR'S SIGNATURE <u>Mary Johnson</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUL 25 1953

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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 embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Chas Gilbert Hathaway*

Licensed Embalmer No. *4267*

P. O. Address *Wheaton*

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.