

FILED SEP 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30072

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5182 Registrar's No. 413

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Shawnee</b> c. LENGTH OF STAY (in this place) <b>75.0 p</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Shawnee</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson Mo R#3</b>		d. STREET ADDRESS (If rural, give location) <b>Jackson Mo R#3</b>	
3. NAME OF DECEASED (Type or Print) <b>James William Breckenridge</b>		4. DATE OF DEATH <b>Sept 6 1956</b> (Year) <b>Sept 12 1979</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept 12 1879</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years if under 1 year; Months, Days, Hours, Min. if under 12 hrs.) <b>76 II 25</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Oak Ridge Mo</b>
11. BIRTHPLACE (State or foreign country) <b>Oak Ridge Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Bennet Breckenridge</b>		13b. MOTHER'S MAIDEN NAME <b>Isabelle Penney</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Lowes</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Hy Breckenridge Oak Ridge MO R # I</b>
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension and arteriosclerosis 6 yrs</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	
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20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		332X	
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)	
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?	
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 <b>May 19 52</b> , to <b>Sept 5, 1956</b> , that I last saw the deceased alive on <b>Sept 5</b> , 1956, and that death occurred at <b>1</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>D. N. Jaeger MD</b> (Degree or title)		23b. ADDRESS <b>Jackson, Mo</b>	23c. DATE SIGNED <b>9-6-56</b>
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24a. BURIAL CEMETERY (Specify) <b>Burial</b>	24b. DATE <b>Sept 8 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Goshen</b>	24d. LOCATION (City, town, or county) (State) <b>Oak Ridge Mo</b>
24a. BURIAL CEMETERY (Specify) <b>Burial</b>	24b. DATE <b>Sept 8 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Goshen</b>	24d. LOCATION (City, town, or county) (State) <b>Oak Ridge Mo</b>
DATE REC'D BY LOCAL REG. <b>9-12-56</b>	REGISTRAR'S SIGNATURE <b>W. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>M. G. Gumbo 444 N. Jackson Mo</b>	
DATE REC'D BY LOCAL REG. <b>9-12-56</b>	REGISTRAR'S SIGNATURE <b>W. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>M. G. Gumbo 444 N. Jackson Mo</b>	

WRITE PLAINLY—USING UNFADING, 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 .....  
Student Embalmer

Signed *BA Meyer*

Licensed Embalmer No. *3051*

P. O. Address *Jackson Ms*

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 this body is not embalmed, fact should be so stated above.