

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1957

BIRTH NO. _____ REG. DIST. NO. **30** PRIMARY REG. DIST. NO. **5101** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) Rural - Fairfield		c. CITY OR TOWN Rural - Fairfield	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) Life		e. STREET ADDRESS (If rural, give location) Alexander	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Alexander			

3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) T.		c. (Last) Brushers		4. DATE OF DEATH (Month) (Day) (Year) Jan; 6, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan; 10, 1892.	
9. AGE (In years last birthday) 64		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) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Gen; Store		11. BIRTHPLACE (City and State or Foreign Country) Benton County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Henry Breshears		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Florence Brushers	
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'S SIGNATURE OR NAME ADDRESS Florence Brushers, Fairfield 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Coronary Thrombosis DUE TO (c) Diabetes Mellitus + Atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH one min 10 min 3 yrs	
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		20. AUTOPSY? 2 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) 260X	
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 **Mar 2, 1954**, to **Jan 6, 1957**, that I last saw the deceased alive on **Jan 7, 1957**, and that death occurred at **7:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sussex D D		23b. ADDRESS Warsaw Missouri		23c. DATE SIGNED 1/8/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/8/57		24c. NAME OF CEMETERY OR CREMATORY Shiloh	
24d. LOCATION (City, town, or county) (State) Fairfield Missouri					

DATE REC'D BY LOCAL REG. Jan 8 1957		REGISTRAR'S SIGNATURE Jarvis A. Logan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodrich Funeral Home, Osceola Mo.	
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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.....
Signature of Student Embalmer

Signed *J. B. B...*

Licensed Embalmer No. *3038*

P. O. Address *Asseole*

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.