

FILED JAN 8 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Cedar</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ELDORADO SPRINGS</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL</b>		Length of stay in lb <b>4 days</b>	d. STREET ADDRESS (If outside, give location) <b>407 N GRAND</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>LEE</b> Middle <b>R.</b> Last <b>BREAZEALE</b>			4. DATE OF DEATH Month <b>December</b> Day <b>10</b> Year <b>1957</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 1, 1890</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Rockport, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>George W. Breazeale</b>	13b. MOTHER'S MAIDEN NAME <b>Louisa Lytle</b>	14. NAME OF HUSBAND OR WIFE <b>Ruth</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes</b> <b>WWI</b>	16. SOCIAL SECURITY NO. <b>506 01 6904</b>	17. INFORMANT <b>VA Hospital Official Records, K. C. Mo.</b> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Inanition</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) <b>Bronchogenic carcinoma; extensive metastasis of liver</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE
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21. Attended the deceased from <b>December 6, 1957</b> to <b>December 10, 1957</b> Death occurred at <b>5:30 A m</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>E. Foroughi</b> (Date, title) <b>MD</b>	22b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>	22c. DATE SIGNED <b>12/10/57</b>
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23a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>DEC. 10, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>EL DORADO SPRINGS MISSOURI</b>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS KANSAS CITY, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>12-11-57</b>	26. REGISTRAR'S SIGNATURE <b>neva minshall</b>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

X by me, or by ..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Signature of Student Embalmer

Signed Chester K Brown

..... Licensed Embalmer No. 4931

..... P. O. Address ICe md

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.