

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

150

STATE FILE NUMBER

Registration District No. 30

Primary Registration District No. 5101

Registrar's No. 2

| | | | | | |
|--|---------------------------|---|---|---|---|
| 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, give TOWNSHIP only) OR TOWN Fairfield | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Fairfield | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexander Township | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) Alexander Township | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Florence S Breshers | | | 4. DATE OF DEATH Month Day Year January 1, 1958 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov; 27, 1894 | 9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months 1 Days 4 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Harper Missouri | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Marion Mulkey | | 13b. MOTHER'S MAIDEN NAME Sallie Childs | | 14. NAME OF HUSBAND OR WIFE Deceased | |
| 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. 497-26-7363 | 17. INFORMANT Address Loyd Breshers, Fairfield Mo | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Circulatory Failure</i> DUE TO (b) <i>Coronary Thrombosis - Myocardial Infarction</i> DUE TO (c) <i>Atherosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 | | | | | INTERVAL BETWEEN ONSET AND DEATH 10 min 4 yrs |
| 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.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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.) <i>Dead on arrival</i> | 20f. CITY, TOWN, OR LOCATION Warsaw Missouri | | STATE |
| 21. I attended the deceased from <i>Dead on arrival</i> and last saw her alive on <i>Dead on arrival</i> Death occurred at <i>10:00 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>Busschley DO</i> | | 22b. ADDRESS Warsaw Missouri | 22c. DATE SIGNED 1/2/58 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1/5/58 | 23c. NAME OF CEMETERY OR CREMATORY Shilow | 23d. LOCATION (City, town, or county) (State) Fairfield Missouri | | |
| 24. FUNERAL DIRECTOR <i>Goodwin Home</i> | | ADDRESS <i>05CE019</i> | 25. DATE RECD. BY LOCAL REG. <i>MO Jan. 4. 1957</i> | 26. REGISTRAR'S SIGNATURE <i>Gas. A. Logan</i> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. Bradish*

Licensed Embalmer No. *3038*

P. O. Address *Quincy, Ill.*

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.