

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013133
STATE FILE NUMBER

FILED APR 22 1958 Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 7

| | | | |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Audrain</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Vandalia</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Vandalia</u> 0041 0 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>405 East State</u> | | Length of stay in lb <u>Approx 5 Mos</u> | d. STREET ADDRESS (If outside, give location) <u>405 East State</u> |
| 3. NAME OF DECEASED (Type or print) <u>Duward Otto</u> ^{First} <u>Breeding</u> ^{Last} | | 4. DATE OF DEATH Month <u>April</u> Day <u>12</u> Year <u>1958</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>March 9, 1887</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Decorator</u> | 9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____ |
| 11. BIRTHPLACE (City and state or country) <u>Middletown, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>Thomas Breeding</u> | | 14. MOTHER'S MAIDEN NAME <u>Margaret Edens</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>327-14-8552</u> | |
| 17. INFORMANT <u>Mrs Edith M. Breeding, Vandalia, Mo</u> | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gastric Hemorrhage.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Recurrent Peptic Ulcers</u> DUE TO (c) <u>Pulmonary Embolism</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>10 yrs.</u> <u>15 yrs.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>5401</u> | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>5401</u> | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____ | | | |
| 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.) | |
| | | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ | |
| 21. I attended the deceased from <u>Oct-5-1957</u> to <u>April-12-58</u> and last saw ^{her} him alive on <u>4/12/58</u> Death occurred at <u>1:50 pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>J R Doney MD</u> | | 22b. ADDRESS <u>Vandalia, Mo</u> | |
| | | 22c. DATE SIGNED <u>4/21/58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL, SPECIFY <u>Burial</u> | | 23b. DATE <u>April 14, 1958</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>William B Waters</u> | | 25. DATE RECD. BY LOCAL REG. <u>April 21 1958</u> | |
| ADDRESS <u>Vandalia, Mo</u> | | 26. REGISTRAR'S SIGNATURE <u>Malcolm Ferguson</u> | |

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
300 1-56
All diseases due to natural causes.
Coroner cannot certify to a death due to natural causes.
Vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
Diseases in Part 4 must be casually related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William B. Waters*.....

Licensed Embalmer No. *414*.....

P. O. Address *Dandies*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.