

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000051
STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 4 Primary Registration District No. Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Atchison			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clark Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Langdon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION none		Length of stay in lb	d. STREET ADDRESS (If outside, give location) none		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Eimer Middle Breazile Last Breazile			4. DATE OF DEATH Month 1 Day 19 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-19-1878		9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Rock Port, Mo.		12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME George Breazile		13b. MOTHER'S MAIDEN NAME Louisa Lytle		14. NAME OF HUSBAND OR WIFE Lettie Breazile	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs Ben Breazile, Watson, 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) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Coronary artery disease					10 years
DUE TO (c) Chronic asthmatic bronchitis					10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardiac arrest with successful cardiac massage 2 yrs ago 4 201					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.)			
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	
21. I attended the deceased from Nov. 1956 to Jan. 1959 and last saw ^{her} him alive on Jan. 10th, 1959 Death occurred at 8:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James R. Allan, M.D.			22b. ADDRESS Rock Port, Mo		22c. DATE SIGNED 1-21-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-22-1959	23c. NAME OF CEMETERY OR CREMATORY Hunter Cem.		23d. LOCATION (City, town, or county) (State) Rock Port, Mo.
24. FUNERAL DIRECTOR Bartholomew Mortuary		ADDRESS Rockport		25. DATE RECD. BY LOCAL REG. Jan 22, 1959	26. REGISTRAR'S SIGNATURE Marvin J. Scheeler

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

health, Welfare public service 50 300 -57
Doctor, coroner, etc. must use only standard nomenclature in item 18. NO symptoms with which 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 *Art Berthelmann*

Licensed Embalmer No. 3173

P. O. Address Rock Port. Mo.

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.