

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009195

STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 138 Primary Registration District No. Registrar's No. 15

300
-57

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hermitage</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hermitage</u> <u>0430</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Main Street</u>		Length of stay in 1b <u>34 years</u>	d. STREET ADDRESS (If outside, give location) <u>Main Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Elijah</u> Middle <u>Samuel</u> Last <u>Breazale</u>			4. DATE OF DEATH Month <u>Mar</u> Day <u>31</u> Year <u>1959</u>		
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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>1871</u> <u>Mar 9 1959</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	11. BIRTHPLACE (City and state or country) <u>Tackia, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Daniel Breazale</u>	13b. MOTHER'S MAIDEN NAME <u>Susan (unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Winifred Breazale</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>	16. SOCIAL SECURITY NO. <u>493-36-9627</u>	17. INFORMANT <u>Winifred Breazale - Hermitage, Mo</u> 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) <u>arterio sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>6 mos</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Pyuria</u>	DUE TO (c) <u>4500</u>	
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 type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>	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. I attended the deceased from <u>1956</u> to <u>March 31-59</u> and last saw her/him alive on <u>March 31-1959</u> Death occurred at <u>2:58 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Al Meunier M.D.</u> (Degree or title)	22b. ADDRESS <u>Hermitage Mo</u>	22c. DATE SIGNED <u>4-4-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 13-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hermitage Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Hermitage, Mo</u>
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24. FUNERAL DIRECTOR <u>Herbert Johnson - The Wood</u>	ADDRESS <u>4-4-1959</u>	25. DATE RECD. BY LOCAL REG. <u>4-4-1959</u>	26. REGISTRAR'S SIGNATURE <u>Mary Johnson</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 8 1959

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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 *Chas. Gilbert Hathaway*

Licensed Embalmer No. *4267*.....

P. O. Address *W. Eastland, Miss.*

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.