

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009196

STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 138

Primary Registration District No.

Registrar's No. 16

300

-57

3

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) OR TOWN <u>Wheatland Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Wheatland Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway B. 3. Mi. N. Wheatland - 1 mi.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>3 mi. N. of Wheatland</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Cleo</u> Middle <u>Beatrice</u> Last <u>Breshears</u>			4. DATE OF DEATH Month <u>April</u> Day <u>5</u> Year <u>1959</u>		
5. SEX <u>Female</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>Nov-7-1913</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>Wheatland, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Lawrence Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Dona Cox</u>		14. NAME OF HUSBAND OR WIFE <u>Lyle Breshears</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>None</u>	17. INFORMANT <u>Baldwin Rogers, Columbia, Mo</u>		
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>Broken Neck.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Car wreck</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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 _____ 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.) <u>Highway B</u>		20f. CITY, TOWN, OR LOCATION <u>Hickory</u>		COUNTY <u>MO.</u>	STATE
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>3:50</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>May Johnson, Local Registrar</u>			22b. ADDRESS <u>Hermitage Missouri</u>		22c. DATE SIGNED <u>4-7-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>April 8-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Army Spring Branch Cemetery, Army, Mo</u>		23d. LOCATION (City, town, or county) (State) <u>Army, Mo</u>	
24. FUNERAL DIRECTOR <u>Suber &amp; Theobald, Wheatland, Mo</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>4-7-1959</u>	26. REGISTRAR'S SIGNATURE <u>May Johnson</u>

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 *Chas. Miller Hathaway* .....

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

P. O. Address *Wheatland, 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.