Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59--020053
STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hosp. — Length of stay in 1b 40 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Marshall 0772 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 431 Russell St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: John Middle: Carol Last: Breshears
4. DATE OF DEATH Month Day Year: June 11, 1959
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] 2
8. DATE OF BIRTH: Nov. 4, 1879
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: General Farm
11. BIRTHPLACE (City and state or country): Dallas County, Mo 0
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: John Breshears
13b. MOTHER'S MAIDEN NAME: Mary (unknown)
14. NAME OF HUSBAND OR WIFE: Clora Breshears (deceased)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 493-12-7849
17. INFORMANT: Lester Breshears — Address: Marshall 629 N. Ellsworth

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vas Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Vas Thrombosis — 1 week
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 June 2, 1959 to June 11 and last saw her/him alive on June 11, 1959
Death occurred at 3:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD 0
22b. ADDRESS Marshall, Missouri
22c. DATE SIGNED 6-12-1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-13-1959
23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery
23d. LOCATION (City, town, or county) (State) Saline, County, Missouri

24. FUNERAL DIRECTOR ADDRESS Sweeney-Reser Funeral Home, Marshall
25. DATE RECD. BY LOCAL REG. 6-13-59
26. REGISTRAR'S SIGNATURE Cecil H. Read

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 Jack W. Lesee

Licensed Embalmer No. 4643

P. O. Address Marshall, Mi

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.