RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1959

59–020835
STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY: Dent County Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Salem, Missouri — Length of stay in 1b: 20 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Knox Nursing Home — Inside Limits: Yes [X] No [ ]

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

3. NAME OF DECEASED (Type or print): First: Waldo Middle: J. Last: Breedon
4. DATE OF DEATH: Month: July Day: 5 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 10-12-1876
9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: 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: Farming
11. BIRTHPLACE (City and state or country): Pulaski County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William S. Breedon
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Effie Villa Breedon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Effie Villa Breedon — Address:

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) Cerebro-vascular Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) Hypertension + Senility
INTERVAL BETWEEN ONSET AND DEATH: months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
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

BY AFFIDAVIT OF

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 7:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Joseph R. Burnett DO (Degree or title)
22b. ADDRESS: 415 E High Potosi Mo
22c. DATE SIGNED: 7-6-59.
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/8/59
23c. NAME OF CEMETERY OR CREMATORY: New Eminence Cemetery
23d. LOCATION (City, town, or county) (State): Eminence, Missouri
24. FUNERAL DIRECTOR: Spencer Funeral Home ADDRESS: Salem, Mo.
25. DATE RECD. BY LOCAL REG.: 7/6/59
26. REGISTRAR'S SIGNATURE: M. M. Hart, M.D. by [illegible]

(Licensed Embalmer's Statement on Reverse Side)

AUG 24 1959

AUG 26 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 237

P. O. Address_____

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