JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 22 1960

60-009748
STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. — Registrar's No. 151

NDED

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clay Twsp.
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Clay Twsp.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Atchison
c. CITY OR TOWN: Rock Port.
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Clay Twsp.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: James Middle: Lee Last: Breckenridge
4. DATE OF DEATH: Month 3 Day 9 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-14-1865
9. AGE (last birthday): 94
IF UNDER 1 YEAR: Months 5 Days 25 IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (City and state or country): Kentucky
12. CITIZEN OF WHAT COUNTRY: US
13a. FATHER'S NAME: James Lee Breckenridge
13b. MOTHER'S MAIDEN NAME: Fannie Sebra
14. NAME OF HUSBAND OR WIFE: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs George Harmes. Address: Fairfax. Mo.

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): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic cardiovascular-renal disease — yrs.
DUE TO (c): generalized arteriosclerosis — yrs.
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
21. I attended the deceased from 3/8/60, to 3/10/60 and last saw her/him alive on 3/10/60
Death occurred at 10:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): John M. Wanamaker, M.D.
22b. ADDRESS: Rock Port, Mo.
22c. DATE SIGNED: 3/12/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-12-1960
23c. NAME OF CEMETERY OR CREMATORY: Walkups Grove Cem.
23d. LOCATION (City, town, or county) (State):
24. FUNERAL DIRECTOR ADDRESS: Bartholomew Mortuary, Rock Port
25. DATE RECD. BY LOCAL REG.: March 14, 1960
26. REGISTRAR'S SIGNATURE: Tharvin N. Scheler

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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. 3173

P. O. Address_____

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