RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS OCT 31 1960

-60-038947

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 197

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Chillicothe
Length of stay in 1b: 40 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 221 East Jackson St.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Livingston
c. CITY OR TOWN: Chillicothe
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 221 East Jackson St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lucy Middle: Lee Last: Breeden

4. DATE OF DEATH: Month: October Day: 22 Year: 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 26 May 84

9. AGE (last birthday): 76

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Clay County, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Lay

13b. MOTHER'S MAIDEN NAME: Allen Grooms

14. NAME OF HUSBAND OR WIFE: Ora Breeden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): –

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Georgia A. Terrill, Address: Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 8 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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 Jan, to Oct 1960 and last saw her/him alive on Oct 22, 1960
Death occurred at 12:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. W. Russell M.D. (Degree or title)
22b. ADDRESS: Chillicothe Mo
22c. DATE SIGNED: 10/24/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 24 Oct 60
23c. NAME OF CEMETERY OR CREMATORY: Clear Creek Cemetery
23d. LOCATION (City, town, or county) (State): Livingston County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Norman Funeral Home, Chillicothe, Mo.
25. DATE RECD. BY LOCAL REG.: Oct 24, 1960
26. REGISTRAR'S SIGNATURE: Amalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

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 Elton F. Newman

Signature of Student Embalmer

Licensed Embalmer No. 4036

P. O. Address Chillicothe

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