MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014578
STATE FILE NUMBER

AMENDED

FILED APR 17 1961

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville, — Length of stay in 1b: 3 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital — Inside Limits Yes [X] No [ ]

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

3. NAME OF DECEASED (Type or print): First Bessie Middle May Last Breit
4. DATE OF DEATH: Month April Day 4, Year 1961
5. SEX: ~~Male~~ Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 7-24-1887
9. AGE (last birthday): 73
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): Retired Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Parnell, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: Horace Jones
13b. MOTHER'S MAIDEN NAME: Julia L. Allyn
14. NAME OF HUSBAND OR WIFE: Frederick Andrew Breit
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: Kenneth J. Breit — Address: Parnell, Missouri

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) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: Gradual
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Primary CA in Sigmoid Colon — Unknown
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 [X]
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 May, 1960, to April 4, 1961 and last saw her alive on April 4, 1961
Death occurred at 7:45 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. R. Julian M.D. (Degree or title)
22b. ADDRESS: Maryville, Missouri
22c. DATE SIGNED: 4-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: April 7, 1961
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
23d. LOCATION (City, town, or county) (State): Parnell, Missouri

24. FUNERAL DIRECTOR: Bill Dunfee — ADDRESS: Grant City, Mo.
25. DATE RECD. BY LOCAL REG.: Apr. 14th 1961
26. REGISTRAR'S SIGNATURE: Mrs. I. E. Tulloch
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

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_____ Signed Bill A. Dunlee

Signature of Student Embalmer

Licensed Embalmer No. 4908

P. O. Address Grand City,

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.