

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028720

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 5302 Registrar's No. 6

AMENDED

FILED SEP 5 1961

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL CLARK TWP</u>	Length of stay in 1b <u>2 MONTHS</u>	c. CITY OR TOWN <u>RURAL CLARK TWP.</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 MILES SOUTH RUSSELLVILLE MO</u>		d. STREET ADDRESS (If outside, give location) <u>5 MILES SOUTH RUSSELLVILLE MO</u>	Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>ROSS ALEXANDER BREEDEN</u>			4. DATE OF DEATH Month Day Year <u>AUGUST 31 1961</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 16 1911</u>	9. AGE (last birthday) <u>50</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MGR. SERVICE STATION</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GASOLINE</u>	11. BIRTHPLACE (City and state or country) <u>LAWRENCE COUNTY MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BERRIMAN BREEDEN</u>		13b. MOTHER'S MAIDEN NAME <u>CORA SHUE</u>	14. NAME OF HUSBAND OR WIFE <u>BETTY JEAN BREEDEN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>BETTY JEAN BREEDEN RUSSELLVILLE MO</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:

PART I. IMMEDIATE CAUSE (a) Crushing Head + Chest Injuries INTERVAL BETWEEN ONSET AND DEATH INSTANT

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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Man fell from tractor + was crushed to death by wheel-cutting.</u>
20c. TIME OF DEATH Hour Month, Day, Year <u>Approx. 2:00 p.m. 8/31/61</u>		

20d. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm.</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>RURAL CLARK Township - Cole - Mo.</u>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree Title) <u>Dr. Russell Cole Coroner</u>	22b. ADDRESS <u>Jefferson City, Mo. 1436 Greenberry Road</u>	22c. DATE SIGNED <u>8/31/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>SEPT. 2 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ODD FELLOWS CEMETERY LAWRENCE COUNTY MO.</u>
23d. LOCATION (City, town, or county) (State)	24. FUNERAL DIRECTOR ADDRESS <u>H.A. Fossell Mount Vernon Mo.</u>	

25. DATE RECD. BY LOCAL REG. <u>1 September 1961</u>	26. REGISTRAR'S SIGNATURE <u>R. Davis Th. Richter Dep</u>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

VS SEP 18 1961

1962
APR 6

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 J. L. Seaman

Licensed Embalmer No. 4073

P. O. Address Low Ma

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.