

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032464

DATE AMENDED
 AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 912D STATE FILE NUMBER

FILED OCT 9 1961

1. PLACE OF DEATH
 a. COUNTY Greene
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in 1b 2 wks
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital Yes No

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

3. NAME OF DECEASED (Type or print) First Middle Last
FRANCIS ARTHUR BRESHEARS
 4. DATE OF DEATH Month Day Year
Sept. 24, 1961

5. SEX Male 6. COLOR OR RACE white 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 11-5-1885 9. AGE (last birthday) 75
 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) Grocery 10b. KIND OF BUSINESS OR INDUSTRY Merchant 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Breshears 13b. MOTHER'S MAIDEN NAME Frova Tuckness 14. NAME OF HUSBAND OR WIFE Minnie Breshears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 17. INFORMANT Address Minnie Breshears Bolivar, 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) Bilateral pneumonia INTERVAL BETWEEN ONSET AND DEATH 5 days
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) lymphosarcoma - generalized 2 years
 DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emphysema 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 Dec 1959 to Sept 24, 1961 and last saw him live on 9-24-61
 Death occurred at 8:23 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) West R Owen MD 22b. ADDRESS 600 S Adams Ave Springfield Mo 22c. DATE SIGNED 9-25-61

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 9-25-61 23c. NAME OF CEMETERY OR CREMATORY Breshears Cemetery 23d. LOCATION (City, town, or county) (State) Bolivar, Missouri

24. FUNERAL DIRECTOR ADDRESS Pitts of Bolivar, Missouri 25. DATE RECD. BY LOCAL REG. 10-2-61 26. REGISTRAR'S SIGNATURE Effie S. Mellon

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 Gene C. Hunter

Licensed Embalmer No. 4739

P. O. Address Spfld. Mo.

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.