

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019711
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 201 Primary Registration District No. Registrar's No. 157

VS 300
Rev. 4/59

10740
20740,

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 4 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>MOHAWAY</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CONCEPTION Jct.</u>		a. STATE <u>MO</u> b. COUNTY <u>MOHAWAY</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in lb <u>35 YRS</u>		c. CITY OR TOWN <u>CONCEPTION Jct.</u>	
3. NAME OF DECEASED (Type or print) <u>WALTER J. BREIT</u>		4. DATE OF DEATH <u>5-22-1962</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAU</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>12-22-1880</u>	9. AGE (last birthday) <u>81 YRS</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and state or country) <u>Bokxow, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>FREDERICK BREIT</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Mary Breit</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. <u> </u>	
17. INFORMANT <u>NO Mrs. Mary E. Breit - Conception</u>		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:		INTERVIEWED BY <u>MO</u> ONSET OF DEATH <u>1 HR.</u>	
IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		DUE TO (b) <u> </u>		DUE TO (c) <u>HYPERTENSION</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hemiplegia 1954</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
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 <u>1954</u> to <u>5-22-62</u> and last saw her him alive on <u>5-19-62</u>		Death occurred at <u>5:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. J. Milligan</u> (Degree or title) <u>MD.</u>		22b. ADDRESS <u>Blankenship MO</u>		22c. DATE SIGNED <u>5-24-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>5-25-1962</u>		23c. NAME OF CEMETERY OR CREMATORIUM <u>GRAVES CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>Buildford - Mo.</u>		23e. REGISTRAR'S SIGNATURE <u>Bess Bolt</u>		24. FUNERAL DIRECTOR <u>ARMSTRONG - Maryville, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>5-25-62</u>		26. REGISTRAR'S SIGNATURE <u>Bess Bolt</u>			

USE BLACK INK OR TYPEWRITER RIBBON

JUN 12 1962

AUG 28 1962

AUG 2 1962

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

G. M. Peterson

Licensed Embalmer No.

3379

P. O. Address

Maryville 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.