

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030740

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. _____

Registrar's No. 204

FILED SEP 10 1962

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP OR TOWN <u>Deer Creek Township</u> <u>4 Mi. N. E. of Clinton</u>)		c. CITY OR TOWN <u>Garden City</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Hyw # 52</u>		d. STREET ADDRESS (If outside, give location) <u>Garden City, Missouri</u>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>William</u> Last <u>Breed</u>		4. DATE OF DEATH Month <u>9</u> Day <u>3</u> Year <u>1962</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>5/28/1928</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager-Milling Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Feed-Grain</u>	
11. BIRTHPLACE (City and state or country) <u>Garden City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Redmond H. Breed</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Schrock</u>	
14. NAME OF HUSBAND OR WIFE <u>Adele Breed</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>Korean</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Mrs. Adele Breed</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Unknown</u> <u>Unnatural Causes</u> DUE TO (b) <u>Fractured Mandible - Possible Strangulation</u> DUE TO (c) <u>Supra Condylar Fracture Rt Femur</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immed.</u>	
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. <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, SUICIDE, HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>2 car auto accident</u>	
20c. TIME OF INJURY Hour <u>8</u> p.m. Month <u>9</u> Day <u>3</u> Year <u>1962</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway 52 - Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>East Lewis Station</u>	
20g. COUNTY <u>Henry</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>unattended</u> to <u>unattended</u> and last saw her/him alive on <u>unattended</u> . Death occurred at <u>Approx 8 pm</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Richard H. King M.D.</u>		22b. ADDRESS <u>1065. 3rd Clinton Mo.</u>	
22c. DATE SIGNED <u>9/6/62</u>		22d. CITY, TOWN, OR COUNTY <u>Garden City, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/6/1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Garden City Cemetery</u>		23d. LOCATION (City, town, or county) <u>Garden City, Missouri</u>	
24. FUNERAL DIRECTOR <u>William H. Harty</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 6, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Biggers</u>		27. (Licensed Embalmer's Statement on Reverse Side)	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/5910420817034 05 167 08 29 X10110421291-3131-0

SEP 12 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

Henry J. Hickey

Licensed Embalmer No.

4685

P. O. Address

Harden City, 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.

Permit Secured 9-6-62 M.B.H.R.