

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030741

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 37

Primary Registration District No.

Registrar's No.

200

FILED SEP 4 1962

1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN DeepwaterLength of stay in 1b
immediatec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Highway 22 3 mi W. DeepwaterInside Limits
No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Henry

c. CITY OR TOWN Brownington RR#2

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

DONALD

Middle

D.

Last

BREEDEN

4. DATE OF DEATH

Month

Day

Year

August 25, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/23/31

9. AGE (last birthday)

30

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)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Montigaw Spring, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Denver Breedon

13b. MOTHER'S MAIDEN NAME

Opal Jones

14. NAME OF HUSBAND OR WIFE

Delores Breedon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT

Denver Breedon, Brownington, 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)

Suffocated from car wheel on chest

INTERVAL BETWEEN ONSET AND DEATH

immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Car accident

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 ☐ Unknown19. 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.)

Car struck telephone pole throwing him under

20c. TIME OF INJURY

Hour

Month, Day, Year

2

p.m.

8/25/62

wheel of car.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., at or about home, farm, factory, street, office bldg., etc.)

Highway 22 3 mi W. Deepwater

20f. CITY, TOWN, OR LOCATION

Rural Deepwater

COUNTY

Henry

STATE

Mo

21. I attended the deceased from

D. O. H.

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.

22. SIGNATURE

(Degree or title)

Dr. R. S. Hallingworth

22b. ADDRESS

W. D. Clinton

22c. DATE SIGNED

8/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug 27, 1962

23c. NAME OF CEMETERY OR CREMATORY

Maplewood

23d. LOCATION (City, town, or county)

Brownington, Missouri

24. FUNERAL DIRECTOR

Consalus

Clinton, Mo.

25. DATE RECD. BY LOCAL REG.

Aug. 27, 1962

26. REGISTRAR'S SIGNATURE

Mildred Biggers

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

0420

0420

3

4 0

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8 2

9 X

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11 042

12 91-3

13 1-0

SEP 6 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

Eugene R. Conzaler

Licensed Embalmer No. 24680

P. O. Address Clinton, 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.