

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023849

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

119

Primary Registration District No.

5936

Registrar's No.

20

FILED JUN 28 1963

1. PLACE OF DEATH

a. COUNTY

GASCONADE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN BOULWARE TWP

Length of stay in 1b  
3 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 4 1/2 mi. north of Bay

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY ~~GASCONADE~~

c. CITY OR TOWN MAPLEWOOD

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
2507 Bredell

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

GEORGE WASHINGTON BREEDING

4. DATE OF DEATH

Month

Day

Year

6 19 1963

5. SEX

MALE

6. COLOR OR RACE

CAU.

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/21/1884

9. AGE (last birthday)

79

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)  
Tavern Owner

10b. KIND OF BUSINESS OR INDUSTRY  
Own account

11. BIRTHPLACE (City and state or country)  
Freeburg, Mo.

12. CITIZEN OF WHAT COUNTRY  
U. S.

13a. FATHER'S NAME

James Breeding

13b. MOTHER'S MAIDEN NAME

Louisa Scott

14. NAME OF HUSBAND OR WIFE

Maggie T. Breeding

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.  
None

17. INFORMANT  
Maggie T. Breeding, above

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

IMMEDIATE CAUSE (a)

Myocardial Infraction

INTERVAL BETWEEN ONSET AND DEATH

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

DUE TO (b) (Expired on front of River Bank of Gasconade river while fishing)  
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 ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
(No injury)

20c. TIME OF INJURY  
Hour, s.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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at about 5:00 A. M. \_\_\_\_\_ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Hermann

Mo

22c. DATE SIGNED

6/19/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

6-22-63

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery

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

St. Louis Co., Mo.

24. FUNERAL DIRECTOR

ADDRESS

JAY B. SMITH, Maplewood, Mo.

25. DATE RECD. BY LOCAL REG.

6-20-63

26. REGISTRAR'S SIGNATURE

Delma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

0370

24004

3

4 0

5 1

6

7 0

8 2

9 4201

10

11

12 91-3

13 1-0

JUL 1 1963

**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 Oswald L. Grier

Licensed Embalmer No. 5187

P. O. Address Hermann, 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.