No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7578

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 108

1. PLACE OF DEATH
a. COUNTY: CALLAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FULTON
c. LENGTH OF STAY (in this place): 6 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1211 West Minister

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: CALLAWAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FULTON
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): ISAAC
b. (Middle): ROUSH
c. (Last): BREID

4. DATE OF DEATH (Month) Apr (Day) 4 (Year) 1949

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: NOV. 20, 1862
9. AGE (In years last birthday): 86 — If under 1 year: Months 4, Days 14 — If under 24 hrs.: 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: RETIRED
11. BIRTHPLACE (State or foreign country): PENN.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: NICHOLAS BREID
13b. MOTHER'S MAIDEN NAME: SUSAN CLECK
14. NAME OF HUSBAND OR WIFE: MARY E. KEELY (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: KEELY BREID — ADDRESS: FULTON, MO

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Myocarditis — 15 yrs

DUE TO (c) Arteriosclerosis — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: — — —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Neither
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): — — —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): — — —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — — — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: — — —

22. *I hereby certify that I attended the deceased from* June 23, 1945, *to* Apr 4, 1949, *that I last saw the deceased alive on* Mar, 1949, *and that death occurred at* 4:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lloyd E. Hutchins D.O.
23b. ADDRESS: Fulton, Missouri
23c. DATE SIGNED: 4/5/1949

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APR. 6. 1949
24c. NAME OF CEMETERY OR CREMATORY: HAMS PRAIRIE
24d. LOCATION (City, town, or county) (State): FULTON MO

DATE REC'D BY LOCAL REG.: April 6-1949
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE: Glen Y. Maupin — **ADDRESS**: Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number APR 12 1949
Date Filed

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 _____
Student Embalmer

Signed J. D. Rotton

Licensed Embalmer No. 2555

P. O. Address Fulton 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 this body is not embalmed, fact should be so stated above.