

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39989

State File No. ....

108  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Sup</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo</u>	
c. LENGTH OF STAY (In this place) <u>6 days</u>		d. STREET ADDRESS <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 32</u>		e. STREET ADDRESS <u>Rural</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u> b. (Middle) <u>May</u> c. (Last) <u>Breshears</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-5-1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1897</u> <u>6-2-1947</u>
9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>California</u>	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>
13a. FATHER'S NAME <u>B. F. Morris</u>	13b. MOTHER'S MAIDEN NAME <u>Kate Goodenat</u>	14. NAME OF HUSBAND <u>Joseph E. Breshears</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joseph E. Breshears - Buffalo Mo R # 2</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Epilepsy</u> DUE TO (c) <u></u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>17 years</u> <u>10 yrs +</u> <u>332 X</u>
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u></u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>	
22. I hereby certify that I attended the deceased from <u>11-29-</u> , 19 <u>49</u> , to <u>12-5-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-5-</u> , 19 <u>49</u> , and that death occurred at <u>7:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Deaf or title) <u>J. Bunch, M.D. U</u>		23b. ADDRESS <u>State Hospital # 3</u>	23c. DATE SIGNED <u>12-5-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec-5-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Polk County Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec. 5, 1949</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Gausman</u>	25. EMERALD DIRECTOR'S SIGNATURE <u>Erwin F. Blue</u>	ADDRESS <u>Polk Co. Mo.</u>

(Revised Embolism Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 11-49-145

Date Filed 12-12-49

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**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.....

Licensed Embalmer No. 4154

P. O. Address Bolivar, 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.