

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1665

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2207

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, MO</u> | |
| c. LENGTH OF STAY (in this place) <u>12 years</u> | | d. STREET ADDRESS (If rural, give location) <u>574 1/2 Main St</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>574 1/2 Main St</u> | | | |

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|--|-------------------------------|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Isa</u> b. (Middle) <u>Breeden</u> c. (Last) <u>Breeden</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 13 50</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>1884</u> | 9. AGE (In years last birthday) <u>66</u> | 10. UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (State or foreign country) <u>Verona County Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

| | | |
|-----------------------------------|--|-----------------------------------|
| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE _____ |
|-----------------------------------|--|-----------------------------------|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Carner office, Krens</u> ADDRESS _____ |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>7955</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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|---|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>No Relative to Leg Post Mort</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>2</u> | 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) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Hugh B. Owens</u> (Degree or title) <u>Coroner</u> | 23b. ADDRESS <u>1038 Piatts Bldg.</u> | 23c. DATE SIGNED <u>5-15-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>School</u> | 24b. DATE <u>5-16-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. C. College of Our Lady</u> |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Parantino Bros.</u> ADDRESS <u>15. C. MO</u> | |
| DATE REC'D BY LOCAL REG. <u>5-15-50</u> | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | |

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed J. S. Walton.....

Signed.....
Student Embalmer

Licensed Embalmer No 2744.....

P. O. Address K.C. 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.