

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24238**

FILED JUL 25 1950

BIRTH NO.		REG. DIST. NO. 274	PRIMARY REG. DIST. NO. 3052	Registrar's No. 241
1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 12 hr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaMonte Mo. 0800
d. FULL NAME OF HOSPITAL OR INSTITUTION Rothwell Hospital		d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print) a. (First) Spencer b. (Middle) Franklin c. (Last) Breon			4. DATE OF DEATH (Month) 7 (Day) 17 (Year) 50	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-6-1878	9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Benjamin F. Breon		13b. MOTHER'S MAIDEN NAME Annie Nefflier	14. NAME OF HUSBAND OR WIFE Hattie Breon	
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'S SIGNATURE OR NAME ADDRESS Robert Breon Knobnoster	
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) Perforated Gastric Ulcer 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. INTERVAL BETWEEN ONSET AND DEATH 15 hr 5400		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) LaMonte Pettis, Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		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 April 1, 1950 to July 17, 1950 that I last saw the deceased alive on July 17, 1950 , and that death occurred at 11:15 m. , from the causes and on the date stated above.				
23a. SIGNATURE W. L. Brown (Degree or title)		23b. ADDRESS Knobnoster Mo		23c. DATE SIGNED July 18-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-19-50	24c. NAME OF CEMETERY OR CREMATORY Knobnoster Cemetery	24d. LOCATION (City, town, or county) (State) Knobnoster Mo.	
DATE REC'D BY LOCAL REG. 7-18-1950	REGISTRAR'S SIGNATURE W. L. Brown	FUNERAL DIRECTOR'S SIGNATURE Frank M. Moore		ADDRESS LaMonte Mo

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

004

(Licensed Embalmer's Statement on Reverse Side) **Frank M. Moore**

RECEIVED 7-24
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-24-57

AUG 17 1950

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.