

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

37486

State File No.

Registrar's No. 166.

FILED NOV 29 1950

S. No. 300
V. 10.48

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>4245</u>		State File No.		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Jasper</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oronogo</u>		c. LENGTH OF STAY (in this place) <u>48 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oronogo</u>		<u>0490</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>300 Schley Street</u>				d. STREET ADDRESS (If rural, give location) <u>300 Schley Street</u>				
3. NAME OF DECEASED			4. DATE OF DEATH					
a. (First) <u>Elihu</u>		b. (Middle) _____		c. (Last) <u>Breeden</u>		(Month) (Day) (Year) <u>Nov. 19, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 13, 1879</u>		
9. AGE (in years) <u>71</u>		IF UNDER 1 YEAR (Months) <u>8</u>		IF UNDER 1 HR. (Days) <u>6</u>		IF UNDER 1 MIN. (Hours) _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mining (Retired)</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Morristown, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Mack Breeden</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Raymer</u>			14. NAME OF HUSBAND OR WIFE <u>Alma May Breeden</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-18-2616</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alma May Breeden, Oronogo, Mo.</u>				
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac arrest</u>					<u>3 min</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					DUE TO (b) <u>arteriosclerosis & emphysema</u> <u>2 years</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (c) <u>adenocarcinoma of prostate</u> <u>1 yr to 6 mos</u>	
		DUE TO (c) _____					_____	
		II. OTHER SIGNIFICANT CONDITIONS					<u>177X</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION <u>August 19, 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>adenocarcinoma of prostate</u>					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) _____				
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 <u>Aug 26, 1950</u> , to <u>11-19, 1950</u> , that I last saw the deceased alive on <u>11-15, 1950</u> , and that death occurred at <u>3:30 A. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R. K. Sawyer, M.D.</u> (Degree or title)				23b. ADDRESS <u>Webb City, Mo.</u>		23c. DATE SIGNED <u>11/20/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 21, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oronogo Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oronogo, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Nov 21-50</u>		REGISTRAR'S SIGNATURE <u>J. E. Dutek</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston-Arnice-Simpson</u> ADDRESS <u>Webb City, Mo.</u>				

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

RECEIVED 11-28-50
Jasper County Health Office

County File Number 50-11-852

Date Filed 11-28-50

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

Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address

Webb City, 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.