

FILED AUG 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22679
Registrar's No. 664

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH
a. COUNTY **Greene**
b. CITY (If outside corporate limits, write RURAL and give town) **Springfield**
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **909 S. Kimbrough**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Greene**
c. CITY (If outside corporate limits, write RURAL and give township) **Springfield**
d. STREET ADDRESS (If rural, give location) **909-S. Kimbrough**

3. NAME OF DECEASED (Type or Print)
a. (First) **MATTIE (MARTHA)** b. (Middle) **L.** c. (Last) **BREECH**
4. DATE OF DEATH (Month) (Day) (Year) **July 27 1951**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Jan. 16 1874** 9. AGE (In years, last birthday) **77** IF UNDER 1 YEAR (Month) (Day) (Year) IF UNDER 18 HRS. (Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **In Home** 11. BIRTHPLACE (State or foreign country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Prior Atchley** 13b. MOTHER'S MAIDEN NAME **Elizabeth Abdomer** 14. NAME OF HUSBAND OR WIFE **Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No** (If yes, give war or date of service) **No** 16. SOCIAL SECURITY NO. **No** 17. INFORMANT'S SIGNATURE OR NAME **Jack Dickerson** ADDRESS **Springfield, Mo**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Uremia**
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Generalized Arterio-sclerosis**
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 **2 Wks**
5 yrs.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **4500**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 **3-12, 1944**, to **7-27, 1951**, that I last saw the deceased alive on **7-27, 1951**, and that death occurred at **10:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **J. P. Madary** (Degree or title) **M.D.** 23b. ADDRESS **609 Cherry - Springfield, Mo** 23c. DATE SIGNED **7/28/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7-30-51** 24c. NAME OF CEMETERY OR CREMATORY **Maple Park Cemetery** 24d. LOCATION (City, town, or county) (State) **Springfield, Missouri**

DATE REC'D BY LOCAL REG. **7-30-51** REGISTRAR'S SIGNATURE **W. E. Landry** 25. FUNERAL DIRECTOR'S SIGNATURE **J. W. Klingner & Co.** ADDRESS **Springfield**

(Licensed Embalmer's Statement on Reverse Side)

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

0396

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. 4071

P. O. Address _____

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.