

FILED DEC 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41505

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5228

1. PLACE OF DEATH a. COUNTY <u>Jackson Co.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon Co.</u>		
b. CITY OR TOWN <u>Kansas City, Mo.</u>		c. LENGTH OF STAY (in this place) <u>17 days</u>	c. CITY OR TOWN <u>Nevada, Mo 10</u>		d. STREET ADDRESS (If rural, give location) <u>705 E Hickory Street</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hosp.</u>					

3. NAME OF DECEASED (Type or Print) <u>Dennis Dale Breiner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 5 1951</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED, (Specify) <u>Baby</u>	8. DATE OF BIRTH <u>11-15-51</u>	9. AGE (in years last birthday) <u>20</u>	IF ORDER: YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Butler, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Leonard Breiner</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Havens</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>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leonard Breiner, Nevada, Mo.</u>			ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis Inferior Vena Cara.</u>		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				H ₂ OX
*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 <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (b) _____ DUE TO (c) _____

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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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.

23a. SIGNATURE <u>Richard C. Schaffer</u> (Degree or title) <u>Richard C. Schaffer M.D. (Pathologist)</u>		23b. ADDRESS <u>St. Lukes Hosp.</u>		23c. DATE SIGNED <u>12-5-51</u>	
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24a. BURIAL CREMATION (Specify) <u>Burial</u>	24b. DATE <u>Dec 6, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>		
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DATE REC'D BY LOCAL REG. <u>12-6-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dixon L. Topley</u> ADDRESS <u>Judge, Mo</u>		
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Not Embalmed

Signed *Dustin L. Kessler* _____

Licensed Embalmer No. *4225* _____

P. O. Address *Indep. 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.