

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19083

State File No. _____

31246
FILED MAY 26 1953

REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 16

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| 1. PLACE OF DEATH a. COUNTY St. Clair | | 2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE Missouri b. COUNTY St. Clair | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Appleton City | c. LENGTH OF STAY (In this place) 2 days | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0930 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Ellett Memorial Hospital | | d. STREET ADDRESS (If rural, give location) | |

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|---|---------------------------|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Ronald b. (Middle) Ronnie Eugene c. (Last) Breshears | | 4. DATE OF DEATH (Month) (Day) (Year) May 17 1953 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married | 8. DATE OF BIRTH May 15 1953 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | 10b. KIND OF BUSINESS OR INDUSTRY NONE | 9. AGE (In years last birthday) IF UNDER 1 YEAR Days 2 IF UNDER 2 HRS. Hours Min. |
| 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |

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|---|---|--|
| 13a. FATHER'S NAME Ralph Breshears | 13b. MOTHER'S MAIDEN NAME Opal Harris | 14. NAME OF HUSBAND OR WIFE |
| 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 Ralph Breshears, Appleton City |

| | | | |
|---|--|--|----------------------------------|
| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Poorly developed respiratory tract. | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity 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 | 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) 7590 |
| 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 May 15, 1953, to May 17, 1953, that I last saw the deceased alive on May 17, 1953, and that death occurred at 7:30 pm., from the causes and on the date stated above.

| | | |
|--|--|---|
| 23a. SIGNATURE (Degree or title) R. D. Schickman, M.D. | 23b. ADDRESS Appleton City, Mo. | 23c. DATE SIGNED 5/18/53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE May 19-53 | 24c. NAME OF CEMETERY OR CREMATORY Shiloh Cem. |
| 24d. LOCATION (City, town, or county) (State) Bentonville, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank Lee Appleton City, Mo. |
| DATE REC'D BY LOCAL REG. May 18, 1953 | REGISTRAR'S SIGNATURE Olso Abney 285 | |

(Licensed Embalmer's Statement on Reverse Side)

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 _____

17th day of ~~April~~ May 1953

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Frank Lee

Licensed Embalmer No. _____

1099

P. O. Address _____

Appleton City, Wis.

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.