

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **4007**

BIRTH NO. **FILCO MAR 8 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **244**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY OR TOWN St Joseph		c. CITY OR TOWN Rural Rodaway Township 20	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 2 miles South of Savannah 20	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) CORA			a. (First)	b. (Middle)	c. (Last) Breit	4. DATE OF DEATH (Month) (Day) (Year) 3-2-1954							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 1-6-1875		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Days 1 Hours 26		IF OVER 1 YEAR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY -				11. BIRTHPLACE (City and State or Foreign Country) Andrew Co Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Henderson Edwards		13b. MOTHER'S MAIDEN NAME Elizabeth Lemaster		14. NAME OF HUSBAND OR WIFE Joseph J. Breit			
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. no		17. INFORMANT'S SIGNATURE OR NAME E. B. Breit Savannah mo		ADDRESS 	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pneumonia, Lobar						5 days	
		ANTECEDENT CAUSES							
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) auricular fibrillation						5 day	
		DUE TO (c) asthma bronchial						5 days	
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 490X				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) (Min.)		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 **2-27**, 19**54**, to **3-2**, 19**54**, that I last saw the deceased alive on **3-1**, 19**54**, and that death occurred at **12:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Wilbur P. Tuller (Degree or title)		23b. ADDRESS Savannah, Mo		23c. DATE SIGNED 3-3-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-4-1954		24c. NAME OF CEMETERY OR CREMATORY SAVANNAH		24d. LOCATION (City, town, or county) (State) SAVANNAH MO	
DATE REC'D BY LOCAL REG. Mar 5, 1954		REGISTRAR'S SIGNATURE Kathleen M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral Home ADDRESS SAVANNAH MO			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 28 1954

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Ga

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.