

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8520**
Registrar's No. **983**

FILED MAR 18 1954
BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY, Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City, Rural	d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 months		e. STREET ADDRESS (If rural, give location) 11115 E. 6th	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Hazelwood Rest Home 3231 Prospect		f. 7000	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) F. c. (Last) Breeding		4. DATE OF DEATH (Month) (Day) (Year) Mar. 4, 1954	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH Aug. 24, 1869
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	11. BIRTHPLACE (City and State or Foreign Country) Crossville, Tenn. 1
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY self employed	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Breeding		13b. MOTHER'S MAIDEN NAME Martha Rector	14. NAME OF HUSBAND OR WIFE Valena Breeding (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Forest L. Breeding, Kansas City, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration ANTECEDENT CAUSES Coronary Sclerosis DUE TO (b) _____ DUE TO (c) _____ 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 2 wks 1 mo. 4201	
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 Feb 1, 1954 , to Mar. 4, 1954 , that I last saw the deceased alive on Feb 29, 1954 , and that death occurred at 3 P. m., from the causes and on the date stated above.			
23a. SIGNATURE John R. Caldwell (Degree or title) MD		23b. ADDRESS Kansas City Mo	23c. DATE SIGNED 3/5/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/6/54	24c. NAME OF CEMETERY OR CREMATORY Baptist Church Cemetery	24d. LOCATION (City, town, or county) (State) Kearney, Mo.
DATE REC'D BY LOCAL REG. 3-5-54	REGISTRAR'S SIGNATURE Gereldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Gerson Independence, Mo.	

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.....
Signature of Student Embalmer

Signed.....
Richard S. Rogers

Licensed Embalmer No.....
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P. O. Address.....
Andes

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.