

6190

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **6219** Registrar's No. **100**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and name of town) Rural Camp Branch		c. CITY OR TOWN Rural Camp Branch	
c. LENGTH OF STAY (in this place) 2 1/2 years		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mile S of East Lynne, Mo.		e. STREET ADDRESS (If rural, give location) 1 Mile S of East Lynne, Mo. 6190	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Frost c. (Last) Breeden			4. DATE OF DEATH (Month) (Day) (Year) June 24 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 31, 1883	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Barber		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) Vienna, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Breeden	13b. MOTHER'S MAIDEN NAME Cordell Rowden	14. NAME OF HUSBAND OR WIFE Martha Ruth Breeden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 511012091	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Breeden
		ADDRESS Rt. 1 Harrisonville, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) URemia		60 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephrosclerosis DUE TO (c)		5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 446 X			

19a. DATE OF OPERATION 1953	19b. MAJOR FINDINGS OF OPERATION Chronic Hypertrophic Prostatitis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE ✓	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?

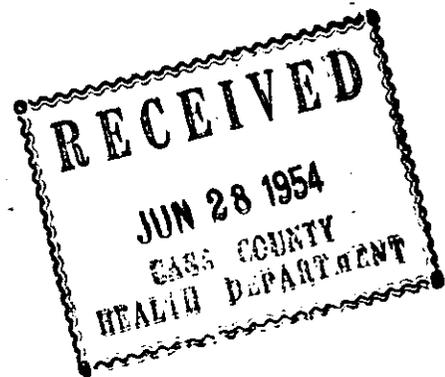
22. I hereby certify that I attended the deceased from **1952**, to **June 23 1954**, that I last saw the deceased alive on **JUN 23, 1954**, and that death occurred at **3 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	23b. ADDRESS Harrisonville Mo	23c. DATE SIGNED June 24, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 24, 1954	24c. NAME OF CEMETERY OR CREMATORY Bowles Cemetery	24d. LOCATION (City, town, or county) (State) Lebanon, Missouri
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DATE REC'D BY LOCAL REG. 6-24-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Harrisonville, Missouri
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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.....
Signature of Student Embalmer

Signed *Robert W. Atkinson*.....

Licensed Embalmer No. *4402*

P. O. Address *Hansonville*

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.