

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 636

1. PLACE OF DEATH
 a. COUNTY GREENE
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD, MO
 c. LENGTH OF STAY (in this place) 3 YEARS
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 821 N. ROBBERSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE MO. b. COUNTY GREENE
 c. CITY OR TOWN SPRINGFIELD
 d. Is residence within limits of a city or incorporated town?
 Yes No
 e. STREET ADDRESS (If rural, give location) 821 N. ROBBERSON 0396

3. NAME OF DECEASED (Type or Print)
 a. (First) FLOYD b. (Middle) _____ c. (Last) BRESHEARS
4. DATE OF DEATH (Month) (Day) (Year) JUNE 30 1954

5. SEX MALE **6. COLOR OR RACE** WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH FEB. 10, 1904
9. AGE (In years last birthday) 50 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER
10b. KIND OF BUSINESS OR INDUSTRY PAINTER
11. BIRTHPLACE (City and State or Foreign Country) AVERY, MO.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME FRANCIS MARION BRESHEARS **13b. MOTHER'S MAIDEN NAME** CINDY MURRAY **14. NAME OF HUSBAND OR WIFE** ELSIE BRESHEARS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. ?
17. INFORMANT'S SIGNATURE OR NAME ELSIE BRESHEARS **ADDRESS** SPRINGFIELD, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial insufficiency (1f.)
 ANTECEDENT CAUSES Sun Stroke
 *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____ DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS 19310
 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 NO

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)** _____ 33 _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from 1/1/54, 19 , to 6/30/54, 19 , that I last saw the deceased alive on 6/30/54, 19 , and that death occurred at 6:15P., from the causes and on the date stated above.

23a. SIGNATURE E. Allen Pickens (Degree or title) M.D. **23b. ADDRESS** Springfield, Missouri **23c. DATE SIGNED** 7/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **24b. DATE** 8/31/54 **24c. NAME OF CEMETERY OR CREMATORY** WARSAW CEMETERY **24d. LOCATION** (City, town, or county) (State) WARSAW MO.

DATE REC'D BY LOCAL REG. 7-2-54 **REGISTRAR'S SIGNATURE** Earl Williamson **25. FUNERAL DIRECTOR'S SIGNATURE** H. H. LOHMEYER **ADDRESS** SPFLD, MO.

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

JUL 16 1954

AUG 4 1954

AUG 30 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.....
Signature of Student Embalmer

Signed *H. L. Mc Carrin*

Licensed Embalmer No. *2727*

P. O. Address *Springfield*

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.