

FILED AUG 17 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28370

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>246</u>		PRIMARY REG. DIST. NO. <u>200L</u>		Registrar's No. <u>310</u>	
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>			
b. CITY OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>4 mos.</u>		c. CITY OR TOWN <u>JOPLIN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2420 W. 32nd St.</u>				e. STREET ADDRESS (If rural, give location) <u>2420 W. 32nd St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>LEROY</u> c. (Last) <u>BREAZEALE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUL 27 1954</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR 26, 1882</u>	
9. AGE (In years: last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GROCCER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETAIL GROCER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>JOPLIN MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>J. I. BREAZEALE</u>		13b. MOTHER'S MAIDEN NAME <u>JENNIE ANGUS TWYLA BREAZEALE</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. TWYLA BREAZEALE, JOPLIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. TWYLA BREAZEALE, JOPLIN</u>			
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, asphyxia, etc. *It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> <u>Coronary</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Valvular insufficiency</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u> <u>3-18-54</u>
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) <u>4214</u>			
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 <u>3-18</u> , 19 <u>54</u> to <u>7-27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-27</u> , 19 <u>54</u> , and that death occurred at <u>10:15</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ed James</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Joplin, Mo.</u>		23c. DATE SIGNED <u>7-27-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUL 30 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>WEBB CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>7-20-54</u>		REGISTRAR'S SIGNATURE <u>Ed James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harbert Glover</u>		ADDRESS <u>Joplin</u>	

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 85A-165

Date Filed AUG 16 1954

NEOSHO, MISSOURI

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 Dale G. [Signature]

Licensed Embalmer No. 45

P. O. Address [Signature]

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.