

No. 300
10.48

FILED JAN 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3625

State File No.

BIRTH NO. 6119-55 REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 14

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

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Dexter Liberty Twp.		c. LENGTH OF STAY (In this place) 1 day	c. CITY OR TOWN Morehouse
d. FULL NAME OF HOSPITAL OR INSTITUTION Davis Hospital		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 0720			
3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle) NMI	
c. (Last) Breeden		4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1955	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Never married	8. DATE OF BIRTH Jan. 8, 1955
9. AGE (In years last birthday) 1		IF UNDER 1 YEAR Months 1	IF UNDER 4 HRS. Days 1 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY c c c	11. BIRTHPLACE (City and State or Foreign Country) Dexter, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Frankie Breeden		13b. MOTHER'S MAIDEN NAME Marian Johnson	
14. NAME OF HUSBAND OR WIFE child			
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. X X X X X X X X X X X X X X X X	
17. INFORMANT'S SIGNATURE OR NAME Frankie Breenden		ADDRESS Morehouse, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature baby - heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 3 Months premature (Miscarriage)			
III. 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 776 X	
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) 776 X			
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 <u>Jan 8, 1955</u> , to <u>Jan 9, 1955</u> , that I last saw the deceased alive on <u>Jan 9, 1955</u> , and that death occurred at <u>8 P.M.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) S. J. Davis		23b. ADDRESS Highway 2512 Dexter	
23c. DATE SIGNED 1/11/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-10-55	
24c. NAME OF CEMETERY OR CREMATORY Taylor cemetery		24d. LOCATION (City, town, or county) (State) Essex, Mo.	
DATE REC'D BY LOCAL REG. 1-21-55		REGISTRAR'S SIGNATURE Walter V. Jenkins	
25. FUNERAL DIRECTOR'S SIGNATURE Watkins & Sons		ADDRESS Dexter, Mo.	

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... *Marsh Watkins*

Licensed Embalmer No. *4717*

P. O. Address *Defton, N.*

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.