

STANDARD CERTIFICATE OF DEATH

State File No. 25336

FILED SEP 26 1955

BIRTH NO.		REG. DIST. NO. 132	PRIMARY REG. DIST. NO. 3021	Registrar's No. 137	
1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GRUNDY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON	c. LENGTH OF STAY (in this place) Fifty years.	c. CITY OR TOWN TRENTON	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 922 E. 10 th St.		e. STREET ADDRESS (If rural, give location) 922 E. 10 th St. 04070			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) FREDERICK c. (Last) BREITENBUCHER.		4. DATE OF DEATH (Month) (Day) (Year) Sept. 23 1955			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH Aug 19, 1888	9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) Retired Railroad	10b. KIND OF BUSINESS OR INDUSTRY ENGINEER.	11. BIRTHPLACE (City and State or Foreign Country) Alexandria, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George B. Breitenbucher		13b. MOTHER'S MAIDEN NAME Caskdane Baldwin		14. NAME OF HUSBAND OR WIFE INEZ M-C FALL	
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. 707-16-8182		17. INFORMANT'S SIGNATURE OR NAME INEZ BREITENBUCHER ADDRESS TRENTON	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Parkinson's disease DUE TO (c) 350XF II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ununited Fracture leg April 4			INTERVAL BETWEEN ONSET AND DEATH 17
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 1-1-1952, to 9-22-1955, that I last saw the deceased alive on 9-21-1955, and that death occurred at 6 ⁰⁰ a.m., from the causes and on the date stated above.					
23a. SIGNATURE Theresa Simon MD		23b. ADDRESS Trenton Mo		23c. DATE SIGNED 9-24-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 25-55		24c. NAME OF CEMETERY OR CREMATORY Resthaven Cemetery	
DATE REC'D BY LOCAL REG. Sept 25-55		REGISTRAR'S SIGNATURE Gene Fair		24d. LOCATION (City, town, or county) (State) Trenton, Missouri	
25. FUNERAL DIRECTOR'S SIGNATURE DAVIS BLACKMOR		ADDRESS Trenton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 6 1952

OCT 6 1955

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 *Harold L Roberts*

Licensed Embalmer No. *492*

P. O. Address *Leicester*

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.