

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8217

FILED APR 6 - 1956

State File No. 234  
Registrar's No. 234

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		State File No. <u>234</u>		Registrar's No. <u>234</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>			9124		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1820 South Thomas St.</u>				d. STREET ADDRESS (If rural, give location) <u>1820 South Thomas Street</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u>			b. (Middle) <u>Monroe</u>			c. (Last) <u>Breece</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 22, 1956</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>July 11, 1897</u>		9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>dealer</u>			11. BIRTHPLACE (State or foreign country) <u>Ripley County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Nathaniel Breece</u>				13b. MOTHER'S MAIDEN NAME <u>Lucy Gipson</u>				14. NAME OF HUSBAND OR WIFE <u>Bertha Breece</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.I</u>			16. SOCIAL SECURITY NO. <u>486-20-6859</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bertha Breece 1820 S. Thomas Bluff</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary Occlusion</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>30 days</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)			4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>22 Mar, 1956</u> to <u>22 Mar, 1956</u> , that I last saw the deceased alive on <u>22 Mar, 1956</u> , and that death occurred at <u>3:30 AM</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>R. D. Buchanan MD.</u>				23b. ADDRESS <u>321 Oak Poplar Bluff Mo</u>				23c. DATE SIGNED <u>28 Mar 56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/24/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>			24d. LOCATION (City, town, county) (State) <u>Oxly, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>3/30/56</u>		REGISTRAR'S SIGNATURE <u>R. D. Buchanan</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell-Erment</u>			ADDRESS <u>Ark,</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

390

RECEIVED  
APR 3 1956

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

MAY 2 1956

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. 782

P. O. Address Corning, N.Y.

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 this body is not embalmed, fact should be so stated above.