

Health, Welfare, Public Service

300-56

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3533

FILED JAN 31 1957

STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. 4536 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Potosi</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Potosi</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>303 College</u>		Length of stay in 1b <u>16 years</u>		d. STREET ADDRESS <u>303 College</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Eugene</u> Middle <u>Robert</u> Last <u>Breckenridge</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>23</u> Year <u>1957</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 9 1887</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Washington Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George E. Breckenridge</u>				14. MOTHER'S MAIDEN NAME <u>Elysa Mc Murtry</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>487-30-5192</u>		17. INFORMANT Address <u>Lettie Breckenridge Potosi Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Prostate</u>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1953</u> to <u>Jan 23/57</u> and last saw <u>her</u> alive on <u>Jan 23/57</u> Death occurred at <u>6-30 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or print) <u>M. F. Kirkwell MD</u>				22b. ADDRESS <u>Potosi Mo</u>		22c. DATE SIGNED <u>1/25/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>1-26-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Potosi Masonic</u>		23d. LOCATION (City, town, or county) (State) <u>Potosi Mo</u>	
24. FUNERAL DIRECTOR <u>Mrs. Lutha Spahr Potosi Mo</u>				25. DATE RECD. BY LOCAL REG. <u>1/29/57</u>		26. REGISTRAR'S SIGNATURE <u>Arlynt Sadall</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JAN 29 1957

WASH. COUNTY HEALTH DEPT.

File No. _____

JUN 22 1959

MAR 11 1957

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 *Murphy L. Sparks*
Licensed Embalmer No. *28*
P. O. Address *Ship River*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.