

Health, & Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

143830
STATE FILE NUMBER

FILED MAY 13 1957

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 4492

S. 300
1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY RIPLEY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RIPLEY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DONIPHAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN RURAL 09/0/0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COMM. HOSP.		Length of stay in lb MINUTES	d. STREET ADDRESS (If outside, give location) DONIPHAN RT. #1
3. NAME OF DECEASED (Type or print) First ALFRED Middle DAVID Last BREEDEN			4. DATE OF DEATH Month APRIL Day 10 Year 1957
5. SEX MALE <input type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 18-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpentry	9. AGE (In years) 65 IF UNDER 1 YEAR: Months 7 Days 12 IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) ERIN - TENN.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE LONA BREEDEN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 489-18-7186	17. INFORMANT LONA BREEDEN - RT. #1 Doniphan Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO (b) arteriosclerotic heart disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 10 months 5 years
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 Month, Day, Year a.m. p.m. 			
20d. INJURY OCCURRED WHILE AT <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 October 10, 1957 to 4/10/57 and last saw her alive on 4/7/57 Death occurred at 4:30 pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank C Johnson MD (Degree or title)		22b. ADDRESS Doniphan, Mo	22c. DATE SIGNED 4/13/57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 4/12/57	23c. NAME OF CEMETERY OR CREMATORY DONIPHAN CEMETERY	23d. LOCATION (City, town, or county) (State) DONIPHAN - Mo.
24. FUNERAL DIRECTOR Edwards Funeral Home - Mo. Address Doniphan		25. DATE RECD. BY LOCAL REG. 4-16-1957	26. REGISTRAR'S SIGNATURE [Signature]

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(Licensee's Statement on Reverse Side)

AUG 27 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 *Gene Starrant*

Licensed Embalmer No. *4809*
P. O. Address *Dougherty, Mo*

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.