

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024307

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 6151 Registrar's No. 52

FILED JUN 24 1958

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Stoddard		a. STATE Missouri	b. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parma Rt 1 <i>ELK</i>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Parma Rt 1 10300	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Length of stay in 1b	d. STREET ADDRESS 6 miles NW Parma	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) Leo <i>First</i> Breece <i>Middle</i> Breece <i>Last</i>			4. DATE OF DEATH June 10 1958 <i>Month Day Year</i>		
5. SEX M	6. COLOR OR RACE cauc.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 22 1899	9. AGE (In years last birthday) 58 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Carmi Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Herbert Breece			14. MOTHER'S MAIDEN NAME Josephine Pryor		
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.	17. INFORMANT Mrs. Viola Breece <i>Address</i> Parma Mo Rt.1		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of the Esophagus		INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	150X
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hemiplegia		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 Bernie, Mo COUNTY _____ STATE _____
21. I attended the deceased from June 1, 1958 to June 8 and last saw ^{her} _{him} alive on June 8, 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE F O Kelley DO (Degree or title)	22b. ADDRESS Bernie, Mo	22c. DATE SIGNED 6-12-58

23a. BURIAL, CREMATION, REMOVAL, etc. (Specify)	23b. DATE June 12 1958	23c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery	23d. LOCATION (City, town, or county) (State) Bernie Missouri
24. FUNERAL DIRECTOR Watkins & Son ADDRESS Parma Mo.	25. DATE RECD. BY LOCAL REG. 6-19-58	26. REGISTRAR'S SIGNATURE Velma D. Fenkes	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

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.....
Mark W. Wilkins

Licensed Embalmer No. *471*

P. O. Address *Center*

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.