Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035360
STATE FILE NUMBER

FILED OCT 23 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 224

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Audrain Hosp. — Length of stay in 1b 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Mexico — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 0043 813 E. Breckenridge — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First JoSEPH Middle Last BRECKENRIDGE

4. DATE OF DEATH Month Oct. Day 13 Year 1958

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☑
8. DATE OF BIRTH Dec. 24-1895
9. AGE (In years last birthday) 63 — 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) Cook
10b. KIND OF BUSINESS OR INDUSTRY academy
11. BIRTHPLACE (City and state or country) Audrain Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Whiteside
13b. MOTHER'S MAIDEN NAME Rebeca Breckenridge
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 491-05-6630
17. INFORMANT Georgie Adams, Address Mexico, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary heart disease — 5 yrs
DUE TO (c) 4201
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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 12-16-57, to 10-13-58 and last saw her/him alive on 10-13-58
Death occurred at 10-13-58 10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ernest F Gault MD
22b. ADDRESS Mexico, Mo
22c. DATE SIGNED 10-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 16-1958
23c. NAME OF CEMETERY OR CREMATORY Elmwood
23d. LOCATION (City, town, or county) (State) Mexico, Mo.

24. FUNERAL DIRECTOR ADDRESS Mrs Stuart Parker, Columbia, Mo
25. DATE RECD. BY LOCAL REG. Oct. 16. 1958
26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Ernest S. Gault, M.D.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 27 1958

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 George H. Green

Licensed Embalmer No. 4220

P. O. Address Marshall 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.