

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038685
STATE FILE NUMBER

FILED OCT 20 1958

Registration District No. 371 Primary Registration District No. 0262 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEST DALLAS TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN FOYDLAND
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 2 YEARS	d. STREET ADDRESS (If outside, give location) 112 0 ROUTE
3. NAME OF DECEASED (Type or print) First Middle Last JOHN WESLEY Breedlove			4. DATE OF DEATH Month Day Year OCT 11 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 31-1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Min. 58
11. BIRTHPLACE (City and state or country) WEBSTER CO MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME THOMAS JEFFERSON Breedlove		13b. MOTHER'S MAIDEN NAME HODGES	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Harry Breedlove Address Marshfield MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SKULL FRACTURE DUE TO (b) CRUSHED CHEST INTERNAL INJURIES DUE TO (c) FRACTURED RIBS 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
20a. ACCIDENT <input checked="" 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.) 1 TON TRUCK ACCIDENT	
20c. TIME OF INJURY Hour . Month, Day, Year 9:15 a.m. 10-11-58			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY K.K.	20f. CITY, TOWN, OR LOCATION 112 COUNTY WEBSTER STATE MO
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at ABOUT 9:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree) Dr. Edward Coroner 3		22b. ADDRESS Marshfield MO	22c. DATE SIGNED 10/12/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BUrial		23b. DATE OCT 13-1958	23c. NAME OF CEMETERY OR CREMATORY FOYDLAND, CEMETERY
24. FUNERAL DIRECTOR Barber-Edwards		25. DATE RECD. BY LOCAL REG. 10-16-58	26. REGISTRAR'S SIGNATURE Opal M. Good
23d. LOCATION (City, town, or county) (State) FOYDLAND, MO			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *R. W. Barber*

Licensed Embalmer No. *384*
P. O. Address *Mt. Grove*

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.