

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043146

STATE FILE NUMBER

FILED JAN 5 1959

Registration District No.

002

Primary Registration District No.

4009

Registrar's No.

2

300
1-57

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Andrew</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Andrew</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL SAVANNAH</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>RURAL SAVANNAH</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.F.D. 2</u> | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) <u>R.F.D. 2</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Della</u> Middle <u>Ethel</u> Last <u>Breit</u> | | | 4. DATE OF DEATH Month <u>12</u> Day <u>21</u> Year <u>1958</u> |
| 5. SEX <u>Female</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>MAY 25 1887</u> |
| 9a. AGE (In years last birthday) <u>71</u> | | 9b. IF UNDER 1 YEAR Months <u>0</u> Days <u>20</u> | 9c. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>MARION CO IOWA</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Thomas Wendell</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Rebecca Pettit</u> | | 14. NAME OF HUSBAND OR WIFE <u>James Breit</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. | |
| 17. INFORMANT <u>JAMES BREIT</u> | | Address <u>RFD #2 SAVANNAH, 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>myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>Corinary Sclerosis</u> DUE TO (c) _____ 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 <u>minutes</u> <u>Days</u> |
| 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.) <u>4201</u> | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ 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>9-22-53</u> to <u>12-21-58</u> and last saw her alive on <u>12-20-58</u> Death occurred at <u>12-15-58</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>W. Allen C. Baker M.D.</u> | | 22b. ADDRESS <u>Savannah, Mo</u> | |
| 22c. DATE SIGNED <u>12-22-58</u> | | 23. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>12-26-1958</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u> | | 23d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u> | |
| 24. FUNERAL DIRECTOR <u>Breit Funeral Home Savannah Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-29-58</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Lillian Sparks</u> | | 26. REGISTRAR'S SIGNATURE | |

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.

1959 JAN 18

VS DEC 18 1959

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 *James P. Hawkins* Licensed Embalmer No. 4536

P. O. Address *Severn*

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.