

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 6 3 5

FILED VS DEC 8 1959 175 Primary Registration District No. 3036 Registrar's No. 1214

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY LAWRENCE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LAWRENCE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora Hospital		Length of stay in 1b	c. CITY OR TOWN Aurora MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Aurora Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 102 W. Cobfield		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Hubert Nolan BRESLEARS			4. DATE OF DEATH Month Day Year DEC. 14 - 1959		
5. SEX MALE	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 March 26 - 11 48	9. AGE (last birthday) 48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Benton County MO.		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME HOMER BRESLEARS		13b. MOTHER'S MAIDEN NAME Daisy BALEY		14. NAME OF HUSBAND OR WIFE JNOGENE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT 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) CARCINOMA of Stomach			INTERVAL BETWEEN ONSET AND DEATH 16 months		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) _____		
DUE TO (c) _____			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 1948 , to Dec-14-1959 and last saw him alive on Dec. 13-1959 Death occurred at 1:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) A. P. Loyth M.D.		22b. ADDRESS Aurora, Missouri		22c. DATE SIGNED 12-15-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Aurora	23b. DATE 12/15/59	23c. NAME OF CEMETERY OR CREMATORY SENECA CEMETERY		23d. LOCATION (City, town, or county) (State) SENECA MO.	
24. FUNERAL DIRECTOR Alton L. Shaw		ADDRESS Aurora Mo.	25. DATE RECD. BY LOCAL REG. 12-16-1959	26. REGISTRAR'S SIGNATURE Oran Mc Natt	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 6 2 1960

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 Cesar L. Marsh

Licensed Embalmer No. 3812

P. O. Address Amma MD

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.