URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 16 1960

-60-009636
STATE FILE NUMBER

ENDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township — Length of stay in 1b: 4yrs 8 months
c. FULL NAME OF, (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #3 — Inside Limits: Yes ☐ No ☑

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

3. NAME OF DECEASED (Type or print) First: Arthur Middle: Breshears Last:
4. DATE OF DEATH Month: Feb Day: 4 Year: 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: June 15, 1883
9. AGE (last birthday): 77 years — IF UNDER 1 YEAR: Months 7 Days 19 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Benton County, Mo
12. CITIZEN OF WHAT COUNTRY: U.S
13a. FATHER'S NAME: W M C Breshears
13b. MOTHER'S MAIDEN NAME: Victora E. Cox
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: unk
17. INFORMANT: Records, State Hospital #3 Address: Nevada, 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) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: several days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized Arterio Sclerosis - several years
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ None
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 June 7, 1956, to Feb 4, 1960 and last saw ~~her~~ him alive on Feb 4, 1960
Death occurred at Feb 4, 1960 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Leslie H Wright (Degree or title) M.D.
22b. ADDRESS State Hosp #3 Nevada, Mo
22c. DATE SIGNED Feb 5, 1960
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb 7, 1960
23c. NAME OF CEMETERY OR CREMATORY: Shady Grove Cemetery
23d. LOCATION (City, town, or county) (State): Warsaw Benton Co. Mo
24. FUNERAL DIRECTOR: John F Reser ADDRESS: Warsaw Mo
25. DATE RECD. BY LOCAL REG.: Feb 11-1960
26. REGISTRAR'S SIGNATURE: Anna E Jewry

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John F. Reser

Licensed Embalmer No. 409c

P. O. Address Warsa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor
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.