

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JUN 6 1960

=60-019305

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2794 STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>JACKSON</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If outside, give location) <u>146 No Bellaire</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in 1b <u>31 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>146 No Bellaire</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			5. SEX	
First <u>EMMA</u> Middle <u>ABUSTA</u> Last <u>BREEDEN</u>			Month <u>MAY</u> Day <u>20</u> Year <u>1960</u>			Female	
6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10/3/1875</u>		9. AGE (last birthday) <u>86</u> 107 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FREE MAN MFG</u>		11. BIRTHPLACE (City and state or country) <u>Cleveland Ohio</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>No Record</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>		14. NAME OF HUSBAND OR WIFE <u>MARCUS BREEDEN</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. <u>496-09-6702</u>		17. INFORMANT <u>HARRIETT ADAMS</u> Address <u>142 No Bellaire</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Rupture of cordia</u>						<u>1 day</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u>						<u>2 weeks</u>	
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>						<u>3 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Obesity</u>						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 checked="" 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 <u>6:20</u> a.m. p.m.		Month, Day, Year <u>May 16, 1960</u>					
20d. INJURY OCCURRED WHILE AT WORK <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.)		20f. CITY, TOWN, OR LOCATION <u>Kansas City, Mo.</u>		COUNTY <u>MO</u> STATE <u>MO</u>	
21. I attended the deceased from <u>May 16, 1960</u> to <u>May 20, 1960</u> and last saw her/him alive on <u>May 16, 1960</u> Death occurred at <u>6:20 p</u> m on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Glen W. Springer D.O.</u>				22b. ADDRESS <u>5902 St. John ave. Kansas City, Mo.</u>		22c. DATE SIGNED <u>5-21-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAY 23 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>	
24. FUNERAL DIRECTOR <u>Sheil Funeral Home S.C.M.D.</u> ADDRESS <u>5-23-60</u>				25. DATE RECD. BY LOCAL REG. <u>5-23-60</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshel</u>	

6-1-60

64

63

9

DOCUMENT VOTING RECORD

BY AFFIDAVIT OF INFORMANT

Glen W. Springer MEDICAL CERTIFICATION

201-2-4854

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 *Thomas A. Smith*

Licensed Embalmer No. 4854

P. O. Address J. P. 176

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.