IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-047231

STATE FILE NUMBER

FILED VS JAN 3 1961

Registration District No. 316 Primary Registration District No. — Registrar's No. 516

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Farmington – ST. FRANCOIS TWP. RURAL
Length of stay in 1b: 2 wks.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Osteopathic Hospital
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Washington
c. CITY OR TOWN: Potosi
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Stone Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Nettie Middle: Esther Last: Breakfield

4. DATE OF DEATH: Month: Dec. Day: 28 Year: 1960

5. SEX: Female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-27-1893
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Washington County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: A. H. White
13b. MOTHER'S MAIDEN NAME: Martha Jane Wilson
14. NAME OF HUSBAND OR WIFE: Noah Breakfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Address: Noah Breakfield, Potosi, 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): Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: approx 6 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Auricular fibrillation — Unknown but at least 2 weeks
DUE TO (c): Myocarditis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Terminal Pneumonia

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 ☐
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 12-14-60, to 12-28-60 and last saw her alive on 12-28-60
Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ralph W Cooper DO
22b. ADDRESS: Farmington, Missouri
22c. DATE SIGNED: 12-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-31-1960
23c. NAME OF CEMETERY OR CREMATORY: Lost Creek Baptist
23d. LOCATION (City, town, or county) (State): Potosi, Rt. 2 Mo.

24. FUNERAL DIRECTOR: Donald Sparks ADDRESS: Potosi, Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 30, 1960
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(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 b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Donald Sparks

Signature of Student Embalmer

Licensed Embalmer No. 481

P. O. Address Potosi,

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