

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-021551

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registered District No. 246 Primary Registration District No. 4237 Registrar's No. 342

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RAYTOWN</u>		Length of stay in 1b <u>10 YRS.</u>	c. CITY OR TOWN <u>RAYTOWN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9300 E 55th ST.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>9300 E 55th ST.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>PAUL</u> Middle <u>JAMES</u> Last <u>BRESHEARS</u>			4. DATE OF DEATH Month <u>7</u> Day <u>6</u> Year <u>1961</u>
5. SEX <u>MALE</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>Aug-2-04</u>
10a. USUAL OCCUPATION (Give kind of work done during last 12 months, if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL</u>	9. AGE (last birthday) <u>56</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) <u>FAIRFIELD, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES T. BRESHEARS</u>		13b. MOTHER'S MAIDEN NAME <u>Melinda C. Southerd</u>	14. NAME OF HUSBAND OR WIFE <u>Cecil Breshears</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>		17. INFORMANT Address <u>Mrs. Cecil Breshears 9300 E 55th St.</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>Coronary Occlusion</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> <u>2 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 _____ a.m. _____ p.m. Month, Day, Year _____	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>1957</u> to <u>7-6-61</u> and last saw him alive on <u>7-6-61</u> Death occurred at <u>2:30</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>D.M. Dubank MD</u> (Degree or title)		22b. ADDRESS <u>9406 E. 63rd St.</u>	22c. DATE SIGNED <u>7-6-61</u>
23a. BURIAL OR CREMATION <u>BURIAL</u>	23b. DATE <u>7/9/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Spring Branch Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Avery Mo</u>
24. FUNERAL DIRECTOR <u>Hinton Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>7-8-61</u>	26. REGISTRAR'S SIGNATURE <u>Alba L. Craig</u>

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 12 1961

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 John R. Sidman
Licensed Embalmer No. 4531
P. O. Address Kansas City, Mo.

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.