

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030192

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 223

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 4 1962

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Callaway	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Length of stay in 1b 3 Days	c. CITY OR TOWN Fulton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 329 West 7th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Myrtle Middle E. Last Breedlove			4. DATE OF DEATH Month Aug. Day 30 Year 1962		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/23/1880	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Brownsburg, Ind	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME James M. Barlow	13b. MOTHER'S MAIDEN NAME Sarah E. Hornaday	14. NAME OF HUSBAND OR WIFE Fred Breedlove
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Bryan Harris Address: 329 W. 7th St Fulton, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular hemorrhay		INTERVAL BETWEEN ONSET AND DEATH 3-4da.
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) Previous cerebral vascular accident		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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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 Fulton, Mo	COUNTY _____ STATE _____
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21. I attended the deceased from June 1902 to Death and last saw her live on 8-29-02 Death occurred at 5 A m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE George H. Groce, MD. (Degree or title)	22b. ADDRESS Fulton, Mo.	22c. DATE SIGNED 8/30/02 (State)
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal	23b. DATE Aug. 30, 1962	23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	23d. LOCATION (City, town, or county) Plainfield Ind.
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24. FUNERAL DIRECTOR Browning Funeral Home	ADDRESS Fulton Mo	25. DATE RECD. BY LOCAL REG. Aug 30 - 1962	26. REGISTRAR'S SIGNATURE Maretha Lawrence
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(Licensed Embalmer's Statement on Reverse Side)

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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 A. R. Masure

Licensed Embalmer No. 4996

P. O. Address Sutton, 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.