MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031494

STATE FILE NUMBER

Registration District No. 154 Primary Registration District No. 5589 Registrar's No. 142

FILED AUG 23 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

b 490
3 496
3
4 1
5 2
6
7 1
8 2
9 4500
10
11
12 90-0
13 3-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: UNION TOWNSHIP
Length of stay in 1b: 23 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RT. # 3, CARTHAGE, MO.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JASPER
c. CITY OR TOWN: CARTHAGE
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): ROUTE # 3
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First SUSAN Middle TENNESSEE Last BREEZE

4. DATE OF DEATH: Month AUGUST Day 11 Year 1962

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-1-1869
9. AGE (last birthday): 93
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: HOUSEWIFE
11. BIRTHPLACE (City and state or country): STATE OF TENNESSEE
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: MARTIN WILLIAMS
13b. MOTHER'S MAIDEN NAME: VIRGINIA PECK
14. NAME OF HUSBAND OR WIFE: CHARLES RICHARD BREEZE

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.: NONE
17. INFORMANT: MRS. ALF MEARES, RT. #3, CARTHAGE, MO. Address

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): ARTERIOSCLEROSIS, GENERALIZED — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
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)
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 May 10 - 1955 to Aug 11 - 62 and last saw her ~~him~~ alive on Aug 5 - 62
Death occurred at 9:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank H. Boone (Degree or title) M.D.
22b. ADDRESS: 221 W. FOURTH, CARTHAGE, MO.
22c. DATE SIGNED: 8-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 8-14-62
23c. NAME OF CEMETERY OR CREMATORY: DUDMAN CEMETERY
23d. LOCATION (City, town, or county) (State): JASPER COUNTY, MISSOURI

24. FUNERAL DIRECTOR: ULMER FUNERAL HOME, CARTHAGE, MO. ADDRESS
25. DATE RECD. BY LOCAL REG.: Aug 13, 1962
26. REGISTRAR'S SIGNATURE: Eunice Estraut Deputy

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, 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.