

THE DIVISION OF HEALTH OF MISSOURI Dr. A. D. Vail **4505**  
STANDARD CERTIFICATE OF DEATH State File No. ....

BIRTH NO. **FILED MAR 15 1954** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **254**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Berry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monett</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>302 Euclid</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Louise</b> b. (Middle) <b>Bell</b> c. (Last) <b>Breece</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 6 1954</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 23, 1881</b>
9. AGE (In years last birthday) <b>72</b>		# OVER 1 YEAR Months <b>6</b> Days <b>13</b>	# OVER 24 HRS. Hours <b>13</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Pierce City, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>George G. Woolsey</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Jane Hand</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph A. Breece</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Miss. Fern Breece</b>		ADDRESS <b>Springfield, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Generalized Carcinomatosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>1999</b>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>9-17-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Extensive Ca metastases but primary, not determined</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 1946</b> , to <b>3-6, 1954</b> , that I last saw the deceased alive on <b>3-5, 1954</b> , and that death occurred at <b>5:20 AM</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>A. D. Vail</b> (Degree or title)		23b. ADDRESS <b>Springfield Mo</b>	
23c. DATE SIGNED <b>3/5/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 8, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Monett, Missouri</b>
DATE REC'D BY LOCAL REG. <b>3-9-54</b>	REGISTRAR'S SIGNATURE <b>Edna Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>MERCER FUNERAL HOME</b> ADDRESS <b>Monett, Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....

Student Embalmer

Signed

*Ray H. Mercer*

Licensed Embalmer No. 4432

P. O. Address Monett, Missouri

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 this body is not embalmed, fact should be so stated above.