

CERTIFICATE OF DEATH

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 322

DO NOT WRITE ON THIS STUB

9. 1

10a. 95

10b.

11. 0

12. 2

13. 4123

14.

15. 4

16.

17.

18. 0

19. CREDITS

20. 1-0

VS 300  
Rev. 1/68

4. 0168

5. 86

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0160

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

DECEASED—NAME FIRST MIDDLE LAST 1. <u>Hannah Mary Breckenridge</u>			SEX 2. <u>Female</u>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <u>May 11, 1968</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. <u>White</u>	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS 5a. <u>95</u>	UNDER 1 YEAR 5b. <u>  </u> 5c. <u>  </u>	UNDER 1 DAY 5d. <u>  </u> 5e. <u>  </u>	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <u>March 8, 1873</u>	
CITY, TOWN, OR LOCATION OF DEATH 7a. <u>Cape Girardeau</u>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7b. <u>Yes</u>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. <u>Ratliff Nursing Home</u>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY) 8. <u>Missouri</u>		CITIZEN OF WHAT COUNTRY 9. <u>U.S.A.</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <u>Widowed</u>	
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. <u>None</u>		SOCIAL SECURITY NUMBER 12. <u>489-52-0887J1</u>			
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. <u>Housewife</u>		KIND OF BUSINESS OR INDUSTRY 13b. <u>Housework</u>			
RESIDENCE—STATE 14a. <u>Mo.</u>	CITY, TOWN, OR LOCATION 14b. <u>Cape Gir.</u>	CITY, TOWN, OR LOCATION 14c. <u>Oakridge</u>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <u>No</u>	STREET AND NUMBER 14e. <u>None</u>	
FATHER—NAME FIRST MIDDLE LAST 15. <u>Henry -- Lowes</u>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. <u>Louisa -- Kiepe</u>			
INFORMANT—NAME 17a. <u>Henry Breckenridge</u>			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. <u>Oakridge Mo. 63769</u>		
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> DUE TO, OR AS A CONSEQUENCE OF:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (d), STATING THE UNDERLYING CAUSE LAST (b) _____ DUE TO, OR AS A CONSEQUENCE OF:		(c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (d) <u>Chronic Rheumatoid Arthritis, severe</u>				AUTOPSY (YES OR NO) 19a. <u>No</u>	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. <u>  </u>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. _____	DATE OF INJURY (MONTH, DAY, YEAR) 20b. _____	HOUR 20c. _____	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d. _____		
INJURY AT WORK (SPECIFY YES OR NO) 20e. _____	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f. _____	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g. _____			
CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM <u>2.22.52</u> TO <u>5.5.68</u>		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON 21c. _____	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. <u>Did Not</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 21e. _____		HOUR OF DEATH 21f. _____	THE DECEDENT WAS PRONOUNCED DEAD 21g. _____		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21h. _____
CERTIFIER—NAME (TYPE OR PRINT) 22a. <u>J. N. JAEGER, M.D.</u>		SIGNATURE 22b. <u>J. N. Jaeger</u>	DEGREE OR TITLE 22c. <u>M.D.</u>	DATE SIGNED (MONTH, DAY, YEAR) 22d. <u>May 12, 1968</u>	
MAILING ADDRESS—CERTIFIER 23a. <u>208 So. High St.</u>		STREET OR R.F.D. NO. 23b. <u>  </u>	CITY OR TOWN 23c. <u>Jackson</u>	STATE 23d. <u>Mo.</u>	ZIP 23e. <u>63755</u>
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <u>Burial</u>	CEMETERY OR CREMATORY—NAME 24b. <u>Goshen Cemetery</u>		LOCATION CITY OR TOWN STATE 24c. <u>Oakridge - Mo.</u>		
DATE (MONTH, DAY, YEAR) 24d. <u>May 13, 1968</u>	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. <u>McCombs Funeral Home 417 N. High Jackson Mo.</u>				
FUNERAL DIRECTOR'S SIGNATURE 25a. <u>Edmund Best</u>	REGISTRAR'S SIGNATURE 25b. <u>James Kasten</u>	DATE RECEIVED BY LOCAL REGISTRAR 25c. <u>June 5-1968</u>			

Type or print in PERMANENT BLACK INK. See handbook for instructions.

**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 Louise Hopkins

Licensed Embalmer No. 5097

P. O. Address Jackson, 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.

*[Handwritten scribbles]*