

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33774

State File No. ....

4492

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>55 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		<u>328</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>General Hospital No. 1</u>				d. STREET ADDRESS (If rural, give location) <u>2225 Troost</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Basil</u>		b. (Middle) <u>A</u>		c. (Last) <u>Broyles</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 20 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1870</u> <u>Oct. 23 1871</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Iron Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>William B. Broyles</u>		13b. MOTHER'S MAIDEN NAME <u>Isabelle Weeks</u>	
13c. NAME OF HUSBAND OR WIFE <u>Selma Broyles</u>		14. NAME OF HUSBAND OR WIFE <u>Selma Broyles</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>		16. SOCIAL SECURITY NO. <u>499-09-5274</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wm E. Broyles</u>		17. ADDRESS <u>712 Winchester</u>		17. ADDRESS <u>K.C. Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningitis</u> ANTECEDENT CAUSES <u>Strep viridans</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Metastatic carcinoma of the nasopharynx</u> Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>340</u>		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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?		21h. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct. 18</u> , 19 <u>49</u> , to <u>Oct. 20</u> , 19 <u>49</u> , that I last saw the deceased <u>alive on Oct. 20, 1949</u> , and that death occurred at <u>5:10A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. W. Hart, M.D.</u> (Degree or title)				23b. ADDRESS <u>Med. Dir. Gen'l Hosp.</u>		23c. DATE SIGNED <u>10-20-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 22 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetry</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-21-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Halves</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs C.L. Forster</u>		ADDRESS <u>Kansas City, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Schulman*

**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

*John Clark*

Licensed Embalmer No. 4216

P. O. Address A. B. 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 this body is not embalmed, fact should be so stated above.