

FILED JAN 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1544

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5589 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural -- Union)		c. CITY (If outside corporate limits, write RURAL and give township) 0970 OR TOWN rural -- Union	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jasper County Infirmary		d. STREET ADDRESS (If rural, give location) Route 4, Carthage	
3. NAME OF DECEASED a. (First) LEONA b. (Middle) FREDA c. (Last) BROYLES			4. DATE OF DEATH (Month) (Day) (Year) Jan 14, 1950
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 27, 1897
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR 18 Months	IF UNDER 12 HRS. 18 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Jefferson City, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Meier	
13b. MOTHER'S MAIDEN NAME Mary Cook		14. NAME OF HUSBAND OR WIFE James Broyles	
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. n ne	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. O.P. Goff, Jefferson City, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic bronchopneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Not determined</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i>		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) m.		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 <i>June 20, 1949</i> , to <i>June 14, 1950</i> , that I last saw the deceased alive on <i>Jan 12, 1950</i> , and that death occurred at <i>11:00 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>L. B. Christian, M.D.</i>		23b. ADDRESS <i>Carthage, Mo.</i>	
23c. DATE SIGNED <i>1-14-50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE Jan 15, 1950	
24c. NAME OF CEMETERY OR CREMATORY <i>Oak Hill Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Carthage, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>1-17-1950</i>		REGISTRAR'S SIGNATURE <i>L. B. Christian</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Knell Mortuary</i>		ADDRESS <i>Carthage, Mo.</i>	

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

RECEIVED 1-23-50

Jasper County Health Office

County File Number 50-1-25

Date Filed 1-28-50

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

GENE H. PARRENT

Student Embalmer No.

349

working under my personal supervision.

Student

GENE PARRENT
Student Embalmer

Signer

Robert H. Knell

Licensed Embalmer No.

4459

P. O. Address

Carthage

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.