S. No. 300
V. 10.48

0581
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 11 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 27450

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 386

**1. PLACE OF DEATH**
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline
c. LENGTH OF STAY (in this place): 44yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North Main

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline 0581
d. STREET ADDRESS (If rural, give location): North Main 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): DEERWOOD
b. (Middle): F
c. (Last): BROADDUS

**4. DATE OF DEATH** (Month) (Day) (Year): Aug. 29 1950

**5. SEX**: male 0

**6. COLOR OR RACE**: white

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed V

**8. DATE OF BIRTH**: Dec. 25 1860

**9. AGE** (In years last birthday): 89 — IF UNDER 1 YEAR: Months 8, Days 4 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired gardner

**10b. KIND OF BUSINESS OR INDUSTRY**: none

**11. BIRTHPLACE** (State or foreign country): Kentucky /

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Walter Broaddus

**13b. MOTHER'S MAIDEN NAME**: Unknown

**14. NAME OF HUSBAND OR WIFE**: Sally Broaddus (deceased)

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): no

**16. SOCIAL SECURITY NO.**: none

**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Walter Broaddus Marceline 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION** — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Prostate — unknown

ANTECEDENT CAUSES

*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

*Conditions contributing to the death but not related to the disease or condition causing death.*

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**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** YES ☐ NO ☐

**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) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Aug 23, 1950, *to* Aug 29, 1950, *that I last saw the deceased alive on* Aug 29, 1950, *and that death occurred at* 4:00 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Gene Malone DO V

**23b. ADDRESS**: Marceline Mo

**23c. DATE SIGNED**: Aug 31 '50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial

**24b. DATE**: Sept. 1 1950

**24c. NAME OF CEMETERY OR CREMATORY**: Roselawn cemetery

**24d. LOCATION** (City, town, or county) (State): Marceline Mo.

DATE REC'D BY LOCAL REG.: Aug 31

REGISTRAR'S SIGNATURE: Mary Jane Owens 407

**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: James McLaughlin Marceline Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: SEP 7
DISTRICT HEALTH OFFICE
District File Number 9-S
Date Filed: SEP 8 1950

## 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 Francis L. Schaberg

Licensed Embalmer No. 4513

P. O. Address Marceline 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.