

FILED OCT 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33907

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578 Registrar's No. 140

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 township) OR TOWN Rural Rt 3-Joplin Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rt 3-Joplin Mo	
c. LENGTH OF STAY (In this place) 2 yr		d. STREET ADDRESS (If rural, give location) Rural Rt 3 Joplin, Mo. 0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt 3 Joplin, Missouri			

3. NAME OF DECEASED (Type or Print)	a. (First) MILDRED	b. (Middle) M.	c. (Last) BROADWAY	4. DATE OF DEATH (Month) (Day) (Year) October 15, 1950
-------------------------------------	--------------------	----------------	--------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 12, 1905	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 6	IF UNDER 2 WEEKS Days 3	IF UNDER 24 HRS. Hours Min.
---------------	------------------------	--	---------------------------------	------------------------------------	--------------------------	-------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Carthage, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	-------------------------------------

13a. FATHER'S NAME Bassil Morris	13b. MOTHER'S MAIDEN NAME Blankenship	14. NAME OF HUSBAND OR WIFE James T. Broadway
----------------------------------	---------------------------------------	---

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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Thomas Broadway Rt 3 Joplin, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		153X
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized metastases of (a)		?

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)	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 10/11/50, 1950, to 10/15/1950, that I last saw the deceased alive on 10/11/50, and that death occurred at 2:20 PM, from the causes and on the date stated above.

23a. SIGNATURE E. L. Slutsy, M.D.	(Degree or title) D	23b. ADDRESS 410 Jackson, Joplin, Mo	23c. DATE SIGNED 10/19/50
-----------------------------------	---------------------	--------------------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-17-50	24c. NAME OF CEMETERY OR CREMATORY Sarcoxie Cemetery	24d. LOCATION (City, town, or county) (State) Sarcoxie, Missouri
--	--------------------	--	--

DATE REC'D BY LOCAL REG. Oct 17-50	REGISTRAR'S SIGNATURE J. L. White	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedge Lewis Webb City, Missouri
------------------------------------	-----------------------------------	--

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

490

RECEIVED 10-24-50
Jasper County Health Office

County File Number 50-10-768
Date Filed 10-24-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.