

STANDARD CERTIFICATE OF DEATH

State File No. 41814No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>426</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived, if Institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>8 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		<u>0883</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H-14 Morehead</u>				d. STREET ADDRESS <u>H-14 Morehead</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HETTIE</u>			b. (Middle) <u>LORENE</u>		c. (Last) <u>BROADDUS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-27-1950</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug-26-1923</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY		9. AGE (in years last birthday) Months Days <u>27 4 1</u>		11. BIRTHPLACE (State or foreign country) <u>Madison County Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Madison County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Farrest Kitcher</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Lucas</u>		14. NAME OF HUSBAND OR WIFE <u>Joe Broaddus</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>487-30-1171</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Broaddus</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis of lungs</u>				INTERVAL BETWEEN ONSET AND DEATH <u>420</u>	
		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.				<u>122X</u>	
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) (Min.)		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 <u>Sept</u> , 19 <u>50</u> , to <u>12-27</u> , 19 <u>50</u> that I last saw the deceased alive on <u>12-27</u> , 19 <u>50</u> , and that death occurred at <u>8:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. L. McCormick, M.D.</u>				23b. ADDRESS <u>Moberly Mo</u>		23c. DATE SIGNED <u>Dec. 28-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec-29-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Madison Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec 29-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>			
				ADDRESS <u>Funeral Home Moberly Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0883

Date Received: JAN 3 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-46
Date Filed: JAN 10 1951

Signed R. M. Carter
Licensed Embalmer No. 4117
P. O. Address Moberly Mo.