

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **44298**

BIRTH NO.

REG. DIST. NO. **60**PRIMARY REG. DIST. NO. **5235**Registrar's No. **4**

## 1. PLACE OF DEATH

a. COUNTY

Cedar

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY Cedar

b. CITY (If outside corporate limits, write RURAL and give township)

OR  
TOWN Rural - Cedar

c. LENGTH OF

STAY (in this place)  
Life

c. CITY (If outside corporate limits, write RURAL and give township)

OR  
TOWN Rural - Cedar

d. FULL NAME OF HOSPITAL OR INSTITUTION

At Home

d. STREET ADDRESS

(If rural, give location)

4 Mi. S. E. of Jerico Springs

## 3. NAME OF DECEASED

a. (First)

MAUDE

b. (Middle)

JULIA

c. (Last)

BROYLES

## 4. DATE OF DEATH

(Month) (Day) (Year)

Oct. 10, 1951

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

## 8. DATE OF BIRTH

Feb. 8, 1881

## 9. AGE (In years last birthday)

70

## 10. IF UNDER 1 YEAR

Months

Days

2

## 11. IF UNDER 24 HRS.

Hours

Min.

2

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

House Wife

## 10b. KIND OF BUSINESS OR INDUSTRY

Own Home

## 11. BIRTHPLACE (State or foreign country)

Lincoln Nebraska

## 12. CITIZEN OF WHAT COUNTRY?

USA

## 13a. FATHER'S NAME

Unknown

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

NO

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT'S SIGNATURE OR NAME

## ADDRESS

John Broyles, Sr., St. Louis, 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.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## 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.

## INTERVAL BETWEEN ONSET AND DEATH

Sudden

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

331X

## 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)

(Month)

(Day)

(Year)

(Hour)

(Minute)

(Second)

(Tenth)

(Hundredth)

(Thousandth)

(Ten-thousandth)

(Hundred-thousandth)

(Millionth)

(Billionth)

(Trillionth)

(Quadrillionth)

(Quintillionth)

(Sextillionth)

(Septillionth)

(Octillionth)

(Nonillionth)

(Decillionth)

(Undecillionth)

(Duodecillionth)

(Tridecillionth)

(Quadrdecillionth)

(Quintdecillionth)

(Sextdecillionth)

(Septdecillionth)

(Octdecillionth)

(Nondecillionth)

(Ten)

(Twenty)

(Thirty)

(Forty)

(Fifty)

(Sixty)

(Seventy)

(Eighty)

(Ninety)

(One hundred)

(Two hundred)

(Three hundred)

(Four hundred)

(Five hundred)

(Six hundred)

(Seven hundred)

(Eight hundred)

(Nine hundred)

(One thousand)

(Two thousand)

(Three thousand)

(Four thousand)

(Five thousand)

(Six thousand)

(Seven thousand)

(Eight thousand)

(Nine thousand)

(Ten thousand)

(Twenty thousand)

(Thirty thousand)

(Forty thousand)

22. I hereby certify that I attended the deceased from Oct 10, 1951, to Oct 10, 1951, that I last saw the deceased alive on Oct 10, 1951, and that death occurred at 10:00 PM, from the causes and on the date stated above.

## 23a. SIGNATURE

(Degree or title)

## 23b. ADDRESS

## 23c. DATE SIGNED

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 24b. DATE

10-14-51

## 24c. NAME OF CEMETERY OR CREMATORY

Lindley Prairie

## 24d. LOCATION (City, town, or county) (State)

Cedar County Missouri

## DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

Mrs. Velma Ellis

## 25. FUNERAL DIRECTOR'S SIGNATURE

## ADDRESS

John A. Cantlon, St. Louis, MO

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

0200

0200

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\_\_\_\_\_

Richard W. Badall

Student Embalmer No. 405

working under my personal supervision.

Student Richard W. Badall  
Student Embalmer

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stoughton, MA

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.