

FILED FEB 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH0740
State File No. 5896

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4878 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ravenwood Mo</u>		c. LENGTH OF STAY (in this place) <u>ALL life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ravenwood Mo</u>		d. STREET ADDRESS (If rural, give location) <u>City (But no street)</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luetta</u> b. (Middle) <u>Broomfield</u> c. (Last) <u>HeFlin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 15 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 25-1868</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>20</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 <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Salesberg Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Broomfield</u>		13b. MOTHER'S MAIDEN NAME <u>Euphemia Reed</u>		14. NAME OF HUSBAND OR WIFE <u>R M HeFlin</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Kay Casteel</u> ADDRESS <u>Ravenwood Mo</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>Lobar pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>influenza</u> 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 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>Feb 12, 1952</u> , to <u>Feb 15, 1952</u> , that I last saw the deceased alive on <u>Feb 15, 1952</u> , and that death occurred at <u>10 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>B. G. Porter</u>			23b. ADDRESS <u>Marionville Mo</u>		23c. DATE SIGNED <u>2-17-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Feb 17-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Orrsburg Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Orrsburg Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-23-52</u>	REGISTRAR'S SIGNATURE <u>Gene Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Andrews</u>	ADDRESS <u>Grant City Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

John Andrews

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John Andrews

Licensed Embalmer No. *4211*

P. O. Address. *Grant City*

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.