S. No. 300
Rev. 10-48

MAY 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19088

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO 6152 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dexter, R. 2.
c. LENGTH OF STAY (in this place) 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Liberty Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dexter, Mo. R. 2.
d. STREET ADDRESS (If rural, give location) Liberty Twp. 1032

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Milbry c. (Last) McBroom.
4. DATE OF DEATH (Month) (Day) (Year) May. 14. 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 23 1870
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY House work
11. BIRTHPLACE (City and State or Foreign Country) Cooksville, Tenn.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME F. J. Parkinson,
13b. MOTHER'S MAIDEN NAME Sarah Dyer
14. NAME OF HUSBAND OR WIFE F. P. McBroom, Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Vealer Mathews ADDRESS Dexter, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 3 da

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Rheumatic Arthritis

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 7220
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* July, 1951, *to* May 14, 1952, *that I last saw the deceased alive on* May 12th, 1952, *and that death occurred at* 4 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE S. S. Davis (Degree or title) M.D.
23b. ADDRESS Dexter Mo.
23c. DATE SIGNED 5/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5. 16, 1952
24c. NAME OF CEMETERY OR CREMATORY Poplin Cemetery
24d. LOCATION (City, town, or county) (State) Bernie, Mo. R. 1.

DATE REC'D BY LOCAL REG. 5/21/52
REGISTRAR'S SIGNATURE Velma V. Jankins 1409
25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser. ADDRESS Dexter, Mo.

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.