

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHBar 27428
State File No. 27428

FILED AUG 4 - 1953

BIRTH NO.		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6131		Registrar's No. 248	
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE Missouri b. COUNTY Shannon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Teresita, Mountain View		c. LENGTH OF STAY (in this place) 22 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Teresita, Mountain View		1019	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Mary		a. (First) b. (Middle) Angeline c. (Last) Broce		4. DATE OF DEATH (Month) (Day) (Year) July 14-1953			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Oct 2-1869		9. AGE (in years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Henry County Tennessee /		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George I Lee		13b. MOTHER'S MAIDEN NAME Sarah B Brumager		14. NAME OF HUSBAND OR WIFE Daniel Broce			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Stanley Provow Teresita, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Heart Disease</u> ANTECEDENT CAUSES Morbidity 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		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) m.		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 July 1952, to July 14, 1953, that I last saw the deceased alive on July 14, 1953, and that death occurred at 7:45P m., from the causes and on the date stated above.							
23a. SIGNATURE Stanley Provow		(Degree or title) Dr. 2 Mountain View		23b. ADDRESS		23c. DATE SIGNED 7-16-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-17-53		24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove		24d. LOCATION (City, town, or county) (State) Teresita, Mo.	
DATE REC'D BY LOCAL REG. 8-3-53		REGISTRAR'S SIGNATURE Michael Green 4470		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.