

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27086

FILED SEP 7 1954

State File No.
3935

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>)		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>unk.</u>		Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital # 1</u>		e. STREET ADDRESS (If rural, give location) <u>2 514 1/2 Main</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Broadway</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 - 13 - 54</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>April 23, 1916</u>	9. AGE (In years last birthday) <u>38</u>	If UNDER 1 YEAR Months Days	If UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>R. R.</u>	11. BIRTHPLACE (City and State; Foreign Country) <u>Walnut Ridge Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>William Broadway</u>	13b. MOTHER'S MAIDEN NAME <u>Cammie Blankenship</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dewey Blankenship</u>	ADDRESS <u>Walnut Ridge Ark</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mixed Tumor of Submaxillary Gland</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>with widespread Metastasis</u> DUE TO (c) <u>and acute Pulmonary Edema</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1421</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 10, 1954, to August 13, 1954, that I last saw the deceased alive on August 13, 1954 and that death occurred at 10:12pm from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>24 & Cherry</u>	23c. DATE SIGNED <u>8-14-54</u>
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24a. BURIAL, CREMATION/REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-14-54</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Walnut Ridge Ark</u>
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DATE REC'D BY LOCAL REG. <u>8-14-54</u>	REGISTRAR'S SIGNATURE <u>Geraldene Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nigginbotham Mortuary, Walnut Ridge Ark</u>	ADDRESS
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WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
B. I. Burns

MAY 28 1958

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.....
Signature of Student Embalmer

Signed..... *John R. Dieder*
Licensed Embalmer No..... 45
P. O. Address..... *Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.