

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34363

FILED OCT 21 1954

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

| | | | | | | | |
|---|--|--|-----------------------------|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>157</u> | | PRIMARY REG. DIST. NO. <u>5582</u> | | Registrar's No. <u>207</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo. 0490</u> b. COUNTY <u>Jasper</u> | | | |
| b. CITY OR TOWN <u>Carthage</u> | | c. LENGTH OF STAY (in this place) <u>6 wks.</u> | | c. CITY OR TOWN <u>Rural (Twin Groves Twp)</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fair Acres</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2 mi So Carl Jct, Mo</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> | | | b. (Middle) <u>Broadway</u> | | | c. (Last) _____ | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>10 10 1954</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>5-19-1881</u> | | 9. AGE (In years last birthday) <u>73</u> | | IF UNDER 1 YEAR: Months <u>4</u> Days <u>21</u> | | IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 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>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Mlt Broadway (deceased)</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>Dessie Durfey, Carl Junction, Mo. R1</u> | | | | 17. ADDRESS _____ | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MEDICAL CERTIFICATION</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the uterus</u> | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | | | |
| ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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. _____ | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>174X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Aug. 30, 1954</u> , to <u>Oct. 10, 1954</u> , that I last saw the deceased alive on <u>Oct. 2, 1954</u> , and that death occurred at <u>12:30 p. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Richard R. Coyle, M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>1246 Grand, Carthage, Mo.</u> | | 23c. DATE SIGNED <u>10-11-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10-12-1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sarcoxie Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Sarcoxie, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>10-11-54</u> | | REGISTRAR'S SIGNATURE <u>W. Clinton '39</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Don Roney, Carl Junction</u> ADDRESS _____ | | | |

County File Number 34-10-810
Date Filed OCT 20 1954

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 Fawcett Amey

Licensed Embalmer No. 4463

P. O. Address Webb City, 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.