

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1138</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE ?</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u> <u>0350</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>SPRINGFIELD</u>		c. LENGTH OF STAY (In this place) <u> </u>		c. CITY OR TOWN <u>AURORA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>D.O.A. BAPTIST HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>ROUTE</u>			
3. NAME OF DECEASED (Type or Print) <u>MARLYN BROUGHER</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 17 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>APRIL 15, 1935</u>		9. AGE (In years last birthday) <u>19</u>	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) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MISSOURI UNIVERSITY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>AURORA, MISSOURI</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN A. BROUGHER</u>			13b. MOTHER'S MAIDEN NAME <u>MARY MORRISON</u>		14. NAME OF HUSBAND OR WIFE <u>X</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>?</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHN A. BROUGHER SPRINGFIELD, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest</u> ANTECEDENT CAUSES 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.				INTERVAL BETWEEN ONSET AND DEATH <u>2 Hrs</u>	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, in factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Dallas 0300 Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-17-54 4 p m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Headon Collision</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:30 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. G. Wilson Pickens, Coroner 3</u>				23b. ADDRESS <u>Springfield Mo.</u>		23c. DATE SIGNED <u>12-18</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/20/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK</u>		24d. LOCATION (City, town, or county) (State) <u>AURORA, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>12-20-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>			25. JUNE 1, 1954 DIRECTOR'S SIGNATURE ADDRESS <u>By G. E. S. Springfield, MO.</u>		

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 *W. J. McCall*
Licensed Embalmer No. *2721*

P. O. Address *Springfield*

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.