

FILED OCT 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

32207

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1121</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>5 Months</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Methodist Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>629 So. 14th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Theodore</u>			b. (Middle) <u>A.</u>		c. (Last) <u>McBroom</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 20, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 18, 1918</u>		9. AGE (In years last birthday) <u>37</u>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wise Mgr</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Mills</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Latham, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Aubrey McBroom</u>			13b. MOTHER'S MAIDEN NAME <u>Stella McGill</u>		14. NAME OF HUSBAND OR WIFE <u>Shirley McBroom</u>		
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>500-12-2574</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs T.A. McBroom 629 So. 14th City</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sub-arachnoidal hemorrhage</u>	ANTECEDENT CAUSES Possible congenital aneurysm of internal carotid artery or circle of willis.						
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.	<u>330X</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)		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?			
22. I hereby certify that I attended the deceased from <u>7-31-55</u> , <u>1955</u> , to <u>10-20-55</u> , <u>1955</u> , that I last saw the deceased alive on <u>10-20-55</u> , <u>1955</u> , and that death occurred at <u>11:25 P.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. Handley M.D.</u>				23b. ADDRESS <u>311 Physician & Surgeons Bldg., St. Joseph, Mo.</u>		23c. DATE SIGNED <u>10-21-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-21-55</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>California, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 24, 1955</u>		REGISTRAR'S SIGNATURE <u>Esther M. Allison</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Hermon W. Sudenfelder</u>		ADDRESS <u>St Joseph Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

APR 30 1956

APR 16 1956

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 *Robert H. Apple*

Licensed Embalmer No. 3308

P. O. Address St. Joseph,

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.