

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33005

State File No. ....

BIRTH NO. FILED OCT 20 1955 REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette, Mo.</b>		c. LENGTH OF RESIDENCE (In this place) <b>10 yrs</b>	c. CITY OR TOWN <b>Fayette</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>S. Park Addn</b>		STREET ADDRESS (If rural, give location) <b>S. Park Addn. 045/0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Sanford</b>	b. (Middle)	c. (Last) <b>Broadus</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 6, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 4, 1869</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>2</b>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Swift Packing Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Howard County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Anderson Broadus</b>	13b. MOTHER'S MAIDEN NAME <b>Amanda Knous</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Junius Monroe 1109 E. Lafayette Mexico Mo</b>
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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) <b>Carcinoma of Stomach</b>	(b) <b>Cardio-Vascular Disease</b>		<b>3 mo</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Disease</b>			<b>6 wks</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>151X</b>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 ~~1953~~ **1953**, to **10-6, 1955**, that I last saw the deceased alive on **10-6, 1955** and that death occurred at **2** m.; from the causes and on the date stated above.

23a. SIGNATURE <b>Wm Bloom M.D.</b>	(Degree or title)	23b. ADDRESS <b>Fayette Mo</b>	23c. DATE SIGNED <b>10-11-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/10/1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fayette, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>10-11-55</b>	REGISTRAR'S SIGNATURE <b>Mary R. Shelton</b>	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <b>Raymond A. Carr Fayette, Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1951 1 & 1/2

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, ~~only~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ralph A. Carr*.....  
Licensed Embalmer No. 33

P. O. Address *Jayette*.....

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.