

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

41137

State File No.

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JEFF.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>De SOTO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>De SOTO RURAL (VALLE)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De SOTO REST HOME</u>		d. STREET ADDRESS (If rural, give location) <u>1 Mi. W. of Hy 67 & E. 6000 RP</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>ARM BROSTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 10 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 22 1880</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>FREDRICKTOWN Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>HENRY ARNETT</u>	13b. MOTHER'S MAIDEN NAME <u>Wm. KNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. ARM BROSTER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mable P. P. P.</u>
		ADDRESS <u>De Soto, 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* <u>Hypertensive cardiovascular disease</u> II. OTHER SIGNIFICANT CONDITIONS <u>Gen. arterio-sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) <u>442X</u> DUE TO (c) <u>—</u>				

19a. DATE OF OPERATION <u>Dec 10 1955</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? <u>—</u>

22. I hereby certify that I attended the deceased from Dec 16, 1952, to Dec 10, 1955, that I last saw the deceased alive on Dec 10, 1955, and that death occurred at 7:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. V. P. P.</u>	(Degree or title) <u>—</u>	23b. ADDRESS <u>De Soto, Mo.</u>	23c. DATE SIGNED <u>Dec 10 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec 12 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>De Soto Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-15-55</u>	REGISTRAR'S SIGNATURE <u>Marie Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>—</u>	

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 21 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
Student Embalmer

Signed _____

Licensed Embalmer No. 4104

P. O. Address Delato 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.