No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3942

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 174

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Mo
b. COUNTY: New Madrid
c. CITY OR TOWN: Risco
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0720 1

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Byrd
c. (Last): Broom

4. DATE OF DEATH (Month) (Day) (Year): Feb 17, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 22, 1906
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months 2, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian
10b. KIND OF BUSINESS OR INDUSTRY: Public School
11. BIRTHPLACE (City and State or Foreign Country): Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Thomas Broom
13b. MOTHER'S MAIDEN NAME: Mary Jane Andrews
14. NAME OF HUSBAND OR WIFE: Dorothy Graham Broom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Navy (1923)
16. SOCIAL SECURITY NO.: 360-09-9524
17. INFORMANT'S SIGNATURE OR NAME: Almond P Broom — ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Peritonitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ruptured Gangrenous Appendix
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:

19a. DATE OF OPERATION: 2-16-55
19b. MAJOR FINDINGS OF OPERATION: Pain in Abdomen & Gangrenous Appendix 5501
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-14, 1956, *to* 2-17, 1956, *that I last saw the deceased alive on* 2-17, 1956, *and that death occurred at* 11 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M D
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: 2-20-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 19, 1956
24c. NAME OF CEMETERY OR CREMATORY: New Malden Cemetery
24d. LOCATION (City, town, or county) (State): Malden Mo.

DATE REC'D BY LOCAL REG.: 2/23/56
REGISTRAR'S SIGNATURE: [signature] 489 Bay
25. FUNERAL DIRECTOR'S SIGNATURE: Delisle Funeral Parlor — ADDRESS: Portageville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 27 1956
BUTLER CO. HEALTH CENTER

FILE No._____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Joseph A. DeLuca

Licensed Embalmer No. 448

P. O. Address Portageville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.