

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9876

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>California Walker</i>		c. LENGTH OF STAY (in this place) <i>California Walker</i>	c. CITY OR TOWN <i>California</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Latham Hosp.</i>			e. STREET ADDRESS (If rural, give location) <i>0672</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Peggy</i>		b. (Middle) <i>Jean</i>	c. (Last) <i>McBroom</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Mar. 6 1956</i>	
5. SEX <i>Female</i>	6. COLOR OF HAIR <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 28-1932</i>	9. AGE (In years last birthday) <i>23</i>	10. UNDER 1 YEAR <i>4</i>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Lipton Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Henry Decker Blacklock</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Elizabeth Lane</i>		14. NAME OF HUSBAND OR WIFE <i>Neil M. McBroom</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give way or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Neil M. McBroom</i>		ADDRESS <i>California Mo</i>
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary embolism</i>				INTERVAL BETWEEN ONSET AND DEATH <i>Instantaneous</i>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Caesarian operation</i> DUE TO (c) <i>on Feb 28, 1956</i>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>6605</i>				
19a. DATE OF OPERATION <i>Feb 28, 1956</i>	19b. MAJOR FINDINGS OF OPERATION <i>Caesarian operation - delivery of living infant</i>				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)		21d. (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 <i>Aug 3, 1955</i> , to <i>March 6, 1956</i> , that I last saw the deceased alive on <i>March 5, 1956</i> , and that death occurred at <i>6:22 a.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Kenyon Latham M.D.</i>			23b. ADDRESS <i>California, Mo.</i>		23c. DATE SIGNED <i>3-7-56</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>3-8-1956</i>	24c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>California Mo</i>		
DATE REC'D BY LOCAL REG <i>9-9-56</i>	REGISTRAR'S SIGNATURE <i>H. L. Popejoy</i>	25. FEDERAL DIRECTOR'S SIGNATURE <i>Hugh E. Williams</i> ADDRESS <i>California Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Hugh E. Williams*.....

Licensed Embalmer No. *353*.....

P. O. Address *California*.....

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.