THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40754

STATE FILE NUMBER

FILED DEC 17 1956

Registration District No. 43 Primary Registration District No. 5139 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~Neely~~ Coon Island Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION St Rt Neelyville Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Butler
c. CITY OR TOWN Neelyville 0120 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Star route Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Alta Dianne Mc Broom

4. DATE OF DEATH Month Day Year: Dec. 2 1956

5. SEX: female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Sept 30, 1956

9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 2 Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Corning, Ark.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lex L. ~~XXXXXX~~ Mc Broom

14. MOTHER'S MAIDEN NAME: Julia Wagner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Lex L. Mc Broom

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Asphyxiation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) suffocation bed clothing
DUE TO (c) 9249
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 46

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY 612 STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 2 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) Coroner

22b. ADDRESS Poplar Bluff Mo

22c. DATE SIGNED Dec 7-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12/8/56

23c. NAME OF CEMETERY OR CREMATORY Ash Hill

23d. LOCATION (City, town, or county) Butler Co. (State) Mo.

24. FUNERAL DIRECTOR McCord-Gish ADDRESS Naylor, Mo.

25. DATE REC'D BY LOCAL REG. 12/8/56

26. REGISTRAR'S SIGNATURE B L Mitchell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

RECEIVED
DEC 10 ~~1955~~ 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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bryan McCord.....

Licensed Embalmer No. 40..

P. O. Address Naylor.....

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