

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1889

0570

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5677 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brisco</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brisco</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dee</u> b. (Middle) _____ c. (Last) <u>Broyles</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6 1957</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>1-27-1890</u>
9. AGE (In years) Last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 24 HRS. Days <u>9</u> Hours <u>30</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>
13a. FATHER'S NAME <u>William W. Broyles</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Cantriel</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
14. NAME OF HUSBAND OR WIFE <u>Clinton Broyles</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Genevieve Phillips Silex, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) _____
DUE TO (c) _____			_____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <u>2</u>		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) (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 <u>Jan 5, 1957</u> , to <u>Jan 6, 1957</u> , that I last saw the deceased alive on <u>Jan 6, 1957</u> , and that death occurred at <u>5 P. M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>R. M. Tenn. M.D.</u>		23b. ADDRESS <u>Silax. no. Jan 8-57</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-8-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morris Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brisco, Missouri</u>
DATE REC'D BY LOCAL REG. <u>1-11-57</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kintzy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Wood</u>	ADDRESS <u>Bowling Green, Mo.</u>

4550

(Licensed Embalmer's Statement on Reverse Side)

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

*James O. Mudd*

Licensed Embalmer No. 4152

P. O. Address Beaulieu Hills, 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.