No. 300
10-56

FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3564

BIRTH NO. _____ REG. DIST. NO. 379 PRIMARY REG. DIST. NO 6282 Registrar's No. 196

1. PLACE OF DEATH
a. COUNTY Wright
b. CITY OR TOWN Norwood
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) Millard Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Wright
c. CITY OR TOWN Norwood
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) South Main Street

3. NAME OF DECEASED (Type or Print)
a. (First) Sarah
b. (Middle) M.
c. (Last) Broadus

4. DATE OF DEATH (Month) 1 (Day) 28 (Year) 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 1/21/1875
9. AGE (In years at last birthday) 82
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

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

13a. FATHER'S NAME Ransom Gilley
13b. MOTHER'S MAIDEN NAME Rebekah Russell
14. NAME OF HUSBAND OR WIFE Joseph T. Broadus

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'S SIGNATURE OR NAME Mrs Ezra Jacobs, ADDRESS Seattle, Wash.

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema.
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 4201
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* Jan, 1955, *to* Jan 28, 1957, *that I last saw the deceased alive on* Jan 28, 1957, *and that death occurred at* 10:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Richard E. Whitesell (Degree or title) D.O.
23b. ADDRESS Mtn Grove, Mo.
23c. DATE SIGNED 1-30-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/1/1957
24c. NAME OF CEMETERY OR CREMATORY Lone Star Cemetery
24d. LOCATION (City, town, or county) (State) Mtn Grove, Missouri

DATE REC'D BY LOCAL REG. 2-8-57
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE [illegible]
ADDRESS Mtn. Grove

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 2-9-57
WRIGHT ... HEALTH DEPT.
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Date Filed

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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