

STANDARD CERTIFICATE OF DEATH

16965

STATE FILE NUMBER
2421

FILED JUN 12 1957

Registration District No. 149 Primary Registration District No. 1005 Registrar's No. 2421

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION SEWATER HOTEL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 17 W. 12th STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BENJAMIN Middle Last BROYLES			4. DATE OF DEATH Month MAY Day 25 Year 1957
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2-DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 2, 1879
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REALTOR	11. BIRTHPLACE (City and state or country) CHILICOTHE, MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REALTOR		10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME MICHAEL BROYLES		13b. MOTHER'S MAIDEN NAME RACHEL SILVER MICHEL	14. NAME OF HUSBAND OR WIFE SADIE BROYLES
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 497-36-9702	17. INFORMANT BROWNIE R. BROYLES ORRICK, MO. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ENDOCARDITIS - CHRONIC DUE TO (b) SENILITY DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 42 1/4
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1947 to 5-25-57 and last saw her alive on 5-24-57 Death occurred at 2:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Calvin A. Beard (Degree or title) M.D.	
22b. ADDRESS 2307 Bryant		22c. DATE SIGNED 5-25-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE MAY 25, 1957	23c. NAME OF CEMETERY OR CREMATORY ANDERSON CEMETERY	23d. LOCATION (City, town, or county) (State) CHILICOTHE MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMERS ADDRESS 1331 K.C. MO. BRUSH CREEK BLVD		25. DATE RECD. BY LOCAL REG. 5-25-57	26. REGISTRAR'S SIGNATURE New Marshall

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Calvin A. Beard



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 Rollie Fessel

Licensed Embalmer No. 4690

P. O. Address K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.