

FILED SEP 3 1957

STANDARD CERTIFICATE OF DEATH

4077 0-27678
STATE FILE NUMBER
5179 Registrar's No. 31

Registration District No. 50

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY Camden

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Camdenton, OsageInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY
OR
TOWN Kansas CityInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Length of stay in lb

d. STREET
ADDRESS

1617 Oak

(If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Charles

Middle

Edward

Last

Broad

4. DATE
OF
DEATH

Month August

Day 25

Year 1957

5. SEX

Male

6. COLOR OR RACE

white

7. MARRIED ☒ NEVER MARRIED ☐WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

Jan. 1, 1900

9. AGE (In years
last birthday)

57

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)

sign painter

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (City and state or country)

Galena, Kansas

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Edward Broad

13b. MOTHER'S MAIDEN NAME

Alice Collins

14. NAME OF HUSBAND OR WIFE

Connie Broad

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

16. SOCIAL SECURITY NO.

17. INFORMANT

Connie Broad

1617 Oak
Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

coronary thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

Immediate

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

4201

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 Month, Day, Year
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐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
Death occurred at

dead on arrival 7:30 PM and 8/25/57

him alive on

m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Dr. E. G. Claiborn

22b. ADDRESS

Camdenton, Mo.

22c. DATE SIGNED

8/25/57

23a. BURIAL, CREMATION,
REMOVAL (Specify)

removal

23b. DATE

8/26/57

23c. NAME OF CEMETERY OR CREMATORY

Newcomer's Funeral Home

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

Hedges Funeral Home

ADDRESS

Camdenton, Mo.

25. DATE RECD. BY LOCAL REG.

Aug. 25-1957

26. REGISTRAR'S SIGNATURE

Zilpha J. Inaw.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

37271512

SEP 9 1951

SEP 18 1951

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 *Walter P. Hedger*

Licensed Embalmer No. *4264*
P. O. Address *Berlin*

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.