

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013030
STATE FILE NUMBER

FILED MAR 19 1958

Registration District No. 379 Primary Registration District No. 4553 Registrar's No. 12

300
-57
140
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1. PLACE OF DEATH a. COUNTY Wright			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mansfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Manes		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mansfield Hospital		Length of stay in 1b 2 days	d. STREET ADDRESS (If outside, give location) Montgomery Township		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William Worth Broughton			4. DATE OF DEATH Month Day Year February 28, 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 12, 1884		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY Gospel	11. BIRTHPLACE (City and state or country) Bloodland Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Willaim Broughton		13b. MOTHER'S MAIDEN NAME Octavia Quesenbury		14. NAME OF HUSBAND OR WIFE Sirilda E. Broughton	
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.		17. INFORMANT Address Mrs Vada Hicks - Mountain Grove, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia DUE TO (b) Cerebral Apoplexy DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X					INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 36 hrs.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Feb 26 '58 to Feb 28, '58 and last saw ^{him} her alive on Feb 28, 1958 Death occurred at 10:55 p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Richard L. Mitchem D.O.			22b. ADDRESS Mountain Grove, Mo		22c. DATE SIGNED 3-5-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 2, 1958	23c. NAME OF CEMETERY OR CREMATORY Manes Cemetery		23d. LOCATION (City, town, or county) (State) Wright County, Missouri
24. FUNERAL DIRECTOR Barber Funeral Home		ADDRESS Mountain Grove, Mo.		25. DATE RECD. BY LOCAL REG. 3/12/58	26. REGISTRAR'S SIGNATURE [Signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED 8-14-58
 WRIGHT CO. HEALTH DEPT
 County File Number 35826
 Date Filed 8-19-58

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 *George D. Stapp*

Licensed Embalmer No. *3161*
 P. O. Address *Mt. Vernon, W. Va.*

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.