

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013160
State File No.

FILED APR 16 1958

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5044 Registrar's No. 31

005 D

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

| | | | |
|--|-------------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Barry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Washburn (Twp)</u> c. LENGTH OF STAY (In this place) <u>6 yrs</u> | | c. CITY OR TOWN <u>Washburn</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED a. (First) <u>Melvin</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Broom</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1958</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan. 1, 1880</u> |
| 9. AGE (In years last birthday) <u>78</u> | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>Albert Broom</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Betty Jane Edthridge</u> | | 14. NAME OF HUSBAND OR WIFE <u>Frances Broom</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 <u>Mrs. Frances Broom Washburn, Mo.</u> ADDRESS | |
| 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) <u>Broncho pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial asthma</u> 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 <u>241X</u> | |
| 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) | | 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>May 25, 1957</u> , to <u>Apr 2, 1958</u> , that I last saw the deceased alive on <u>Apr 2, 1958</u> , and that death occurred at <u>11:45 P.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. Charles R. Brown M.D.</u> | | 23b. ADDRESS <u>Bellevue, Mo.</u> | |
| 23c. DATE SIGNED <u>4-4-58</u> | | 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>4-7-58</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Garfield, Arkansas</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Miller</u> ADDRESS <u>Pea Ridge, Ark.</u> | |
| DATE REC'D BY LOCAL REG. <u>4-9-1958</u> | | REGISTRAR'S SIGNATURE <u>Grace Williams</u> | |

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 458 - 85

DATE REC. 4-14-58

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 Gilbert Sisco.....

Licensed Embalmer No. 561.....

P. O. Address Springdale.....

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.