

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027892

STATE FILE NUMBER

53121-57
FILED JUL 25 1958 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lilbourn 0720 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR MO. INSTITUTION Mo. Delta Comm. Hosp. Length of stay in 1b 10 Hrs		d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Kathryn Middle Darlene Last Broyles			4. DATE OF DEATH Month 7 Day 8 Year 1958			
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-7-1958	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 10 Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) Sikeston, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME Louis Broyles	14. MOTHER'S MAIDEN NAME Charlotte Carter
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Louis Broyles, Lilbourn, Mo. Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia (1st. approx 1500 gm)		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 776X		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour — Month — Day — Year — a. m. — p. m. —	20d. INJURY OCCURRED WHILE AT WORK <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 Sikeston, Mo.	COUNTY —	STATE —
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21. I attended the deceased from 7-7-58 to 7-8-58 and last saw her alive on 7-8-58 Death occurred at 2:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. Carter (Signature or title)	22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 7/15/58
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7-8-1958	23c. NAME OF CEMETERY OR CREMATORY Mounts Cemetery	23d. LOCATION (City, town, or county) (State) New Madrid, MO
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24. FUNERAL DIRECTOR Richards Undertaking Co., New Madrid, Mo	25. DATE RECD. BY LOCAL REG. 7-19-58	26. REGISTRAR'S SIGNATURE Maxella Hunter
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Health, Welfare, Public Service
030
0
300
1-56
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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. Coroner cannot certify to a death due to natural causes.

DATE RECEIVED 7-21-58

SCOTT CO. HEALTH DEPT.

CO. FILE NO. 758-176

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 *Tommy L. Roberts*.....

Licensed Embalmer No. *4886*.....

P. O. Address *New Mexico*.....

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.