

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033461

STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 195 Primary Registration District No. Registrar's No. 83-58

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Goodman		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Goodman Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lloyd Sunny Farm		Length of stay in 1b xxx	d. STREET ADDRESS (If outside, give location) 1 1/2 Miles N. E. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Wilson Woodson Brodie			4. DATE OF DEATH Month Day Year Sept. 2 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 12, 1906
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months Days 10 21	IF UNDER 24 HRS. Hours Min. 10 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and state or country) Barry Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Brodie	
13b. MOTHER'S MAIDEN NAME Isabelle Humphrey		14. NAME OF HUSBAND OR WIFE Mrs. Ruby Brodie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. 500-09-2700	17. INFORMANT Address Mrs. Ruby Brodie Goodman, 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) Skull Fractures + Internal Injuries. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 928/46 DUE TO (c) Pawed to Death by a Horse. 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 Sudden
20a. ACCIDENT <input checked="" 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.) Pawed + Kicked to Death by a	
20c. TIME OF INJURY Hour Month, Day, Year 6:45 p.m. 9-2-58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Stallion. Sunny Farms	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE Goodman McDonald Mo.	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 6:45 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. M. Humphrey Jr. Coroner		22b. ADDRESS Noel, Mo.	22c. DATE SIGNED 9-5-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/5/58	23c. NAME OF CEMETERY OR CREMATORY Howard Cemetery	23d. LOCATION (City, town, or county) (State) Goodman, Missouri.
24. FUNERAL DIRECTOR ADDRESS Ralph Truesdale Howe Anderson, Mo.		25. DATE RECD. BY LOCAL REG. 10-2-58	26. REGISTRAR'S SIGNATURE Mary A. Bradley

V/S FEB 5 1960

OCT 6 1958

NOV 2 1958

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 *Carl Papp*

Licensed Embalmer No. *3458*

P. O. Address *Andersons, 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.