

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001790
STATE FILE NUMBER

FILED JAN 14 1959 Registration District No. 157 Primary Registration District No. 4248 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Sarsawie</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Sarsawie</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS <u>Mo</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b <u>64 yrs</u>			

3. NAME OF DECEASED (Type or print) <u>Walter W. Broadaway</u> First Middle Last			4. DATE OF DEATH <u>Jan 7-59</u> Month Day Year				
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-18-1894</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u> Hours <u></u> Min. <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>Retired Farmer</u>		100. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Newton Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Chas Broadaway</u>			14. MOTHER'S MAIDEN NAME <u>Marsha Campbell</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>496-05-6487</u>		17. INFORMANT <u>Ethel Broadaway</u> Address <u>Sarsawie Mo</u>			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Yernia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>29 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Acute Nephritis</u>	
		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.)		
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>			

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	COUNTY	STATE
21. I attended the deceased from <u>20 Dec 58</u> to <u>7 Jan 59</u> and last saw her alive on <u>7 Jan 59</u> Death occurred at <u>1 P. M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>Lera Gimmans M.D.</u> (Degree or title)		22b. ADDRESS <u>1201 Center St Sarsawie Mo</u>		22c. DATE SIGNED <u>6 Jan 59</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1-10-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sarsawie Cem</u>	23d. LOCATION (City, town, or county) <u>Sarsawie Mo</u> (State)
24. FUNERAL DIRECTOR <u>Jackson Sons Sarsawie Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>1-8-59</u>	26. REGISTRAR'S SIGNATURE <u>Ell Clutter</u>

(Licensed Embalmer's Statement on Reverse Side)

00-56
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

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 *Wm H. Jackson*.....

Licensed Embalmer No. *38*.....

P. O. Address *Sarasota*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.