

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002260

STATE FILE NUMBER

14 FEB 2 1959 Registration District No. 221 Primary Registration District No. 3048 Registrar's No. 23

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-57

1. PLACE OF DEATH a. COUNTY Nodaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before registration) a. STATE Mo. b. COUNTY Nodaway		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hopkins 0748		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		Length of stay in lb 1 week	d. STREET ADDRESS (If outside, give location) Hopkins Twp.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Cora Alice Broyles			4. DATE OF DEATH Month Day Year Jan. 24, 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 18, 1880	9. AGE (in years last birthday) 78	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Correctionville, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles O. Dorothy		13b. MOTHER'S MAIDEN NAME Alice Sperry		14. NAME OF HUSBAND OR WIFE Charles	
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. none	17. INFORMANT Mrs Faye Morehouse, Hopkins, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of rectum Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Ovarian Cyst DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1750					INTERVAL BETWEEN ONSET AND DEATH 3 yrs 5 yrs
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.) 1750			
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 COUNTY STATE	
21. I attended the deceased from 7:45 p. 1/1/59 to 1/24/59 and last saw her alive on 1/24/59 Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. W. Kirk M.D.			22b. ADDRESS Hopkins		22c. DATE SIGNED 1/26/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-27-59	23c. NAME OF CEMETERY OR CREMATORY Hopkins		23d. LOCATION (City, town, or county) (State) Hopkins, Mo.
24. FUNERAL DIRECTOR Stanley Swanson		ADDRESS Hopkins, Mo.		25. DATE RECD. BY LOCAL REG. 1-30-59	26. REGISTRAR'S SIGNATURE Bess Holt

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Myself, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Stinky Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins, 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.