

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032250

FILED VS. SEP 25 1959

149

Primary Registration District No. 1002

Registrar's No.

4375

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City,		Length of stay in 1b 6 mos.	c. CITY OR TOWN Kansas City,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General # 1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2538 Michigan Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Shelia Middle Broyle Last Broyle			4. DATE OF DEATH Month Sept. Day 8 Year 1959			
5. SEX female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-8-59	9. AGE (last birthday) 6	IF UNDER 1 YEAR Months 6 Days Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) not employed		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Mo..		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Ephraim Broyle		13b. MOTHER'S MAIDEN NAME Laura Williamson		14. NAME OF HUSBAND OR WIFE never married		
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 Ephraim Broyle 2538 Michigan Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary congestion & Edema.					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Asphyxiation						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour 6:00 Min. Month, Day, Year 9/8/1959	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) 2538 Michigan	20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson. MO.		
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (D. name or title) Deputy Coroner			22b. ADDRESS 1618 Lydia Ave		22c. DATE SIGNED 9/9/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-12-59	23c. NAME OF CEMETERY OR CREMATORY Highland		23d. LOCATION (City, town, or county) Kansas City, Mo.		
24. FUNERAL DIRECTOR Mrs. Meek's Mortuary		ADDRESS K. C. Mo.	25. DATE RECD. BY LOCAL REG. 9-9-59	26. REGISTRAR'S SIGNATURE Neer Marshall		

DOCUMENT

MEDICAL CERTIFICATION

M. Tillman

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Millard B Parker

Licensed Embalmer No. 5013

P. O. Address A. C.

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.