

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035471

FILED VS NOV 12 1959 387

STATE FILE NUMBER

Registration District No. 387 Primary Registration District No. 5208 Registrar's No. 13

UNDECEASED

1. PLACE OF DEATH a. COUNTY Carroll			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Carroll		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hale (Hurricane)		Length of stay in lb 85 years	c. CITY OR TOWN Hale		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home s/W Hale 4miles			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) RFD#	
3. NAME OF DECEASED (Type or print) First JASPER Middle ELIAS Last BOYLES			4. DATE OF DEATH Month Nov. Day 3rd Year 1959		
5. SEX M	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 3/9/1874	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months 7 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Grain & Livestock		11. BIRTHPLACE (City and state or country) Hale, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME William Calvert Broyles		13b. MOTHER'S MAIDEN NAME Mary Elen Hubbard		14. NAME OF HUSBAND OR WIFE Bertha Jane Broyles.	
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. 499-42-9484	17. INFORMANT Address Mrs Bertha Jane Broyles, Hale, 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) Toxemia and Anuria DUE TO (b) Bowel Obstruction DUE TO (c) Primary Annular Carcinoma of Sigmoid Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchial Pneumonia & Anemia				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 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 a.m. p.m. Month, Day, Year					
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 2-11-57 to 11-3-59 and last saw him alive on 11-3-59 Death occurred at 4:14 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Of decedent or title) Norman P. Henderson D.O.			22b. ADDRESS Hale, Mo.		22c. DATE SIGNED 11/5/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/5/1959	23c. NAME OF CEMETERY OR CREMATORY Hale Cemetery	23d. LOCATION (City, town, or county) (State) Hale, Missouri		
24. FUNERAL DIRECTOR Clifford W. Austin F-H Hale, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 5, 1959	26. REGISTRAR'S SIGNATURE Mrs. Rex Henderson		

DOCUMENT

MEDICAL CERTIFICATION

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 Clifford W. Austin
Clifford W. Austin,
Licensed Embalmer No. #3233

P. O. Address Tina, Missouri

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.