

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 20 1960

=60-027530

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bedford</u>		Length of stay in 1b <u>minutes</u>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>L.C. Mem. Hosp</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4443A Arco</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>HARRY</u> Middle <u>(nmi)</u> Last <u>BROYLES</u>	4. DATE OF DEATH Month <u>July</u> Day <u>10</u> Year <u>1960</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/24/95</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis Public Service Co.</u>	11. BIRTHPLACE (City and state or country) <u>RFD - Foley, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>David Broyles</u>	13b. MOTHER'S MAIDEN NAME <u>Alma McIntosh</u>	14. NAME OF HUSBAND OR WIFE <u>Iva Fay (Maden)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War Two</u>	16. SOCIAL SECURITY NO. <u>494-01-0549</u>	17. INFORMANT <u>Gladys Hinman</u> Address <u>Foley, Mo.</u>
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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>Basal Skull Fracture, Chrushed Chest.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5Hrs Appr</u>
DUE TO (b) <u>Automobile Accident</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)		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 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.) <u>Car he was driving collided with another</u>
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20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> a.m. p.m.	<u>on Hiway #79, 2mi. South of Foley, Missouri</u>
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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, factory, store, office bldg., etc.) <u>Hiway #79</u>	20f. CITY, TOWN, OR LOCATION <u>Burr Oak Twp. Lincoln Co. Missouri.</u>	COUNTY	STATE
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21. I attended the deceased from to and last saw her/him alive on .
Death occurred at 2:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Joseph J. Marsh Sr.</u> (Degree or title) CORONER	22b. ADDRESS <u>Troy, Missouri.</u>	22c. DATE SIGNED <u>7/10/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 12, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Salem</u>	23d. LOCATION (City, town, or county) <u>RFD Winfield, Mo.</u>	(State)
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24. FUNERAL DIRECTOR <u>Ricks Funeral Home</u>	ADDRESS <u>Elsberry, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7/15, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte Lusk</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS AUG 5 1960 SA

JUL 21 1960

AUG 23 1960

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

Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, 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.