URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 29 1960

60-029684
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 890

ENDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY
c. CITY OR TOWN Baileyville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: VINCENT Middle: P. Last: BROXTERMAN
4. DATE OF DEATH Month, Day, Year: August 21, 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/30/1906
9. AGE (last birthday): 53 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station Attendant
10b. KIND OF BUSINESS OR INDUSTRY: Filling Station
11. BIRTHPLACE (City and state or country): Baileyville, Kans.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Joseph Broxterman
13b. MOTHER'S MAIDEN NAME: Mary Keehler
14. NAME OF HUSBAND OR WIFE: Lillian
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Mrs. Lillian Broxterman, Address: Baileyville, Kans.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of Pharynx
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 8-21-60, to 8-21-60 and last saw him alive on 8-21-60
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF J.L. Mothershead M.D.

22a. SIGNATURE J. L. Mothershead M.D. (Degree or title)
22b. ADDRESS 2603 Frederick Avenue Saint Joseph, Missouri
22c. DATE SIGNED 8-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 8/21/1960
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): Seneca Kansas

24. FUNERAL DIRECTOR: Keaton Bowman ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Aug 25, 1960
26. REGISTRAR'S SIGNATURE: Mrs. Clara Hoadell

(Licensed Embalmer's Statement on Reverse Side)

SEP 2 1960

25,

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_____ Signed Eugene Wood

Signature of Student Embalmer

Licensed Embalmer No. 3804

P. O. Address 314 So 10th, O

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