

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033668  
STATE FILE NUMBER

FILED VS. OCT 11 1960  
DEED

1 Primary Registration District No. 3000 Registrar's No. 296

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Length of stay in 1b <u>2 days</u>	c. CITY OR TOWN <u>Downing</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>K.O. Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Independence Twp.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>Broadwell</u> Last <u>Broadwell</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>2</u> Year <u>1960</u>			
---	--	--	---	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 4, 1895</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>28</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
-----------------------	----------------------------------	---	---	-------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Schuyler Co., Mo</u>	11. BIRTHPLACE (City and state or country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>Faye Broadwell</u>	13b. MOTHER'S MAIDEN NAME <u>Millie Pindell</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Broadwell</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1918-19</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Myrtle Broadwell, Downing, Mo.</u> 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) <u>Carbon Dioxide Narcosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertension of Lesser Circulation</u> <u>Year</u>	
	DUE TO (c) <u>Obstructive Emphysema</u> <u>Year</u>	
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"/> N <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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>	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 <u>Downing, Mo.</u>	COUNTY <u></u> STATE <u></u>
---	---	--	---	------------------------------

21. I attended the deceased from <u>Oct 1, 1960</u> to <u>Oct 2, 1960</u> and last saw her/him alive on <u>Oct. 2, 1960</u> Death occurred at <u>4:40 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <u>W.D. Lutesch</u>	22b. ADDRESS <u>Kirksville, Mo</u>	22c. DATE SIGNED <u>10-3-60</u>
---	---------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 5, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Coffey Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Downing, Mo.</u>
--	----------------------------------	--	--

24. FUNERAL DIRECTOR <u>More Funeral Home, Downing, Mo.</u> ADDRESS	25. DATE RECD. OF LOCAL REG. <u>10-5-1960</u>	26. REGISTRAR'S SIGNATURE <u>Dora W. R. Attilf</u>
---	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M. J. GUTENSOHN, D. O.

OCT 11 1960

OCT 21 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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*J. H. Payne*

Licensed Embalmer No. 2196

P. O. Address Memphis

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