

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1960 *46*

Primary Registration District No. *4238*

Registrar's No. *615*

615-60-046497

STATE FILE NUMBER

ENDED

DOCUMENT

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buckner		Length of stay in 1b 30 yrs.	c. CITY OR TOWN Buckner Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION none		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Sibley St. Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) John Melvin (Jack) Broyles			4. DATE OF DEATH Dec. 19, 1960		
5. SEX male	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 4/29/04	9. AGE (last birthday) 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pharmacist-self employed		10b. KIND OF BUSINESS OR INDUSTRY Half Rock, Missouri	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Jonas P. Broyles		13b. MOTHER'S MAIDEN NAME Jennie Newkirk		14. NAME OF HUSBAND OR WIFE Lucile 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. 497-36-9118		17. INFORMANT Mrs. Lucile Broyles, Buckner, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary occlusion		
DUPLICATE (b) athero. sclerosis		
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 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 type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Buckner, Missouri
21. I attended the deceased from May 1944 to Dec. 19 and last saw ^{her} him alive on Dec 19, 1960 Death occurred at 8:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE John L. Weisler DO (Degree or title)	22b. ADDRESS Buckner, Mo.	22c. DATE SIGNED 12-21-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12/21/60	23c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery
24. FUNERAL DIRECTOR Hazel H. Reppert ADDRESS Buckner, Mo.	25. DATE RECD. BY LOCAL REG. 12-21-60	26. REGISTRAR'S SIGNATURE James Craig

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 12 1961
DEC 29 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 Charles E. Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs

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.