

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021115

Registration District No. 142 Primary Registration District No. 5367 Registrar's No. 26

STATE FILE NUMBER

AMENDED

FILED JUN 27 1961

1. PLACE OF DEATH a. COUNTY <u>Hauwll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Hauwll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sisson T.</u>		c. CITY FOR TOWN <u>Peace Valley</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hame</u>		d. STREET ADDRESS (If outside, give location) <u>Peace Valley</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>JOSEPH-ADAM-BROYLES</u>			4. DATE OF DEATH Month Day Year <u>3-23-1961</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</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>5/29-56</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Thompsonville, Ill. U.S.A.</u>	
12a. FATHER'S NAME <u>Wm Broyles</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Chaplin</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Broyles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Ethel Broyles, Peace Valley Mo</u>	

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>acute Pulmonary edema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yr.</u>
DUE TO (b) <u>arteriosclerotic Heart disease</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 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 COUNTY STATE
21. I attended the deceased from <u>1958</u> to <u>1961</u> and last saw her/him alive on <u>3-23-1961</u> Death occurred at <u>1:00 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22. SIGNATURE (Degree or title) <u>M.L. Fowler M.D.</u>	22a. ADDRESS <u>West Plains Mo.</u>	22c. DATE SIGNED <u>6-7-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>5/28/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cem. Peace Valley Mo.</u>
24. FUNERAL DIRECTOR <u>Robertson</u>	25. DATE RECD. BY LOCAL REG. <u>Mo. 6/19/61</u>	26. REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 D. D. Robertson

Licensed Embalmer No. 3432

P. O. Address West Plains

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.