

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043366

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 107

STATE FILE NUMBER

AMENDED

FILED DEC 1 1961

1. PLACE OF DEATH
a. COUNTY Texas

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Texas

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Houston Length of stay in 1b 5 wks.

c. CITY OR TOWN Sherrill Twp. Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Texas County Mem. Hosp. Inside Limits Yes No

d. STREET ADDRESS 4 1/2 mi. So. Licking (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
JAMES GARFIELD BROUGHTON Nov. 22, 1961

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7/5/1891 9. AGE (last birthday) 70

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) Miller & farmer 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Louisville, Ky. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Wiley Broughton 13b. MOTHER'S MAIDEN NAME Myrtle Broughton 14. NAME OF HUSBAND OR WIFE

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. 17. INFORMANT Address Mrs. Jesse Hickman, Springfield, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) pneumonia
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) _____ PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 Month, Day, Year a.m. p.m.

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 9-18-61 to 11-22-61 and last saw ^{her} him alive on 11/22/61
Death occurred at 9:30 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David B. Wells M.D. 22b. ADDRESS Houston, Missouri 22c. DATE SIGNED 11-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 11/22/61 23c. NAME OF CEMETERY OR CREMATORY Boone Creek Cemetery Texas County, Missouri 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS Smith-Ferguson-Licking, Mo. 25. DATE RECD. BY LOCAL REG. 11-22-61 26. REGISTRAR'S SIGNATURE Myrtle Craig

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

DEC 12 1961

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 Robert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking

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.