

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40640

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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BIRTH NO. _____ REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 5324 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowbow "Rural" BOONE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>5159 Dixon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		e. STREET ADDRESS <u>3</u>	
3. NAME OF DECEASED a. (First) <u>RUTH</u> (Type or Print)		b. (Middle) <u>ETHEL</u>	
c. (Last) <u>BROADUS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 18 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 9 - 1908</u>
9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Becke, Okla</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>George W. Durling</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie W. Watake</u>	14. NAME OF HUSBAND OR WIFE <u>Paul C. Broadus</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Edwin Broadus, Kirkwood Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Collision of two automobiles</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary artery</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>28</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:10 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul C. Broadus</u> (Degree or title)		23b. ADDRESS <u>Cuba, Mo.</u>	23c. DATE SIGNED <u>12-19-1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/20/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wanda Park</u>	24d. LOCATION (City, town, or county) (State) <u>Wanda Park, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12/20/1949</u>	REGISTRAR'S SIGNATURE <u>Edwin Broadus</u> 750	25. FURNITURE DIRECTOR'S SIGNATURE AND ADDRESS <u>Edwin Broadus, Kirkwood, Mo.</u>	

JAN 17 1950

RECEIVED

District Health Officer No. 5,

District File Number 15025

Date Filed 1/13/50

JAN 26 1950

SEP 29 1951

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Albert E. Long

Licensed Embalmer No. 3504

P. O. Address Bourbon Mo.

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 this body is not embalmed, fact should be so stated above.