

THE DIVISION OF HEALTH OF THE STATE OF TENNESSEE
FILED APR 14 1950 STANDARD CERTIFICATE OF DEATH

State File No. 9971
Registrar's No. 87

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 4439

0880

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

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>TENNESSEE</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clark</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KNOXVILLE</u>	
c. LENGTH OF STAY (In this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOUISE</u>	b. (Middle) _____	c. (Last) <u>BROADWAY</u>	4. DATE OF DEATH (Month) <u>Apr</u> (Day) <u>8</u> (Year) <u>1950</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR. 2-1911</u>	9. AGE (In years last birthday) <u>39</u>	10. UNDER 1 YEAR Months <u>1</u> Days <u>4</u>	11. UNDER 24 HRS Hours <u>4</u> Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WTF</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>TOLEDO - OHIO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Isakir Loyell</u>	13b. MOTHER'S MAIDEN NAME <u>DONNIE STANLEY</u>	14. NAME OF HUSBAND OR WIFE <u>NORTHANIEL BROADWAY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Northaniel Broadway</u>	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Failure</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>7824</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 2:35 PM 4/6/50, to 3:01 PM 4/6/50, that I last saw the deceased alive on her, 19 , and that death occurred at 3:01 PM., from the causes and on the date stated above.

23a. SIGNATURE <u>C. H. Russell Jr. M.D.</u>	(Degree or title) <u>Surgeon, M.D.</u>	23b. ADDRESS <u>Sturgeon, Mo</u>	23c. DATE SIGNED <u>4/6/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>4-7-50</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>KNOXVILLE - TENN.</u>
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DATE REC'D BY LOCAL REG. <u>Apr 7-50</u>	REGISTRAR'S SIGNATURE <u>Leah Williams Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Burns & Booth, Sturgeon, Mo</u>	ADDRESS _____
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RECEIVED APR 10 1950
District Health Officer No. 1
District File Number 4-50-6
Date Filed APR 10 1950

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
Student Embalmer

Signed *W. E. Boothe* _____

Licensed Embalmer No. 4087

P. O. Address *Sturgeon - 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.