

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

 BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina		c. LENGTH OF STAY (in this place) 3 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 1021 0			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) George	b. (Middle) Earl	c. (Last) Broughton	(Month) July	(Day) 28	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 19, 1887	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Benjamen F. Broughton	13b. MOTHER'S MAIDEN NAME Nannie Louise Greenwell	14. NAME OF HUSBAND OR WIFE Carrie Broughton
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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'S SIGNATURE OR NAME Mrs. Carrie Broughton	ADDRESS Shelbina, Mo.
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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) Asphyxia		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Progressive glaucoma diagnosed about 2 y ear Paralytic DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			3560

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) (Min.)	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 Feb, 1950, to July 28, 1950, that I last saw the deceased alive on July 28, 1950, and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE Gladys Bowen D.D.	(Degree or Title)	23b. ADDRESS Shelbina, Mo.	23c. DATE SIGNED July 29, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/31/50	24c. NAME OF CEMETERY OR CREMATORY Shelbina Catholic	24d. LOCATION (City, town, or county) (State) Shelbina, Missouri
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DATE REC'D BY LOCAL REG. Aug 4 - 50	REGISTRAR'S SIGNATURE Ada Garrison	419	25. FUNERAL DIRECTOR'S SIGNATURE E. Hayes	ADDRESS Shelbina, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

JAN 20 1955

OCT 13 1954

RECEIVED AUG 7 1950
District Health Officer No. 10
District File Number 8-14-1279
Date Filed AUG 14 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 Paul E. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelton, 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.