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

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30139

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5474 Registrar's No. 114

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
c. LENGTH OF STAY (in this place): 57 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JEFFERSON TWP. R70 3 Trenton Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TRENTON
d. STREET ADDRESS (If rural, give location): 702 Emma

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3. NAME OF DECEASED (Type or Print)
a. (First): JAMES.
b. (Middle):
c. (Last): BROSCHART Sr

4. DATE OF DEATH (Month) (Day) (Year): 9-16-50

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Feb. 16, 1893
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 7, Days —; IF UNDER 24 HRS.: Hours —, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Engineer
10b. KIND OF BUSINESS OR INDUSTRY: CRJ & P RR.
11. BIRTHPLACE (State or foreign country): Spickard, MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Adam. BROSCHART
13b. MOTHER'S MAIDEN NAME: Nellie Crockett
14. NAME OF HUSBAND OR WIFE: ANNA BROSSHART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War I.
16. SOCIAL SECURITY NO.: 708-10-7915
17. INFORMANT'S SIGNATURE OR NAME: Mrs Jane Broschart Sr — ADDRESS: Trenton, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-16-, 1950, *to* As Coroner, *that I last saw the deceased alive on* —, 19__, *and that death occurred at* 12 Noon *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm Ashson WD
23b. ADDRESS: Trenton Mo
23c. DATE SIGNED: 9-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/19/50
24c. NAME OF CEMETERY OR CREMATORY: Martin Cemetery
24d. LOCATION (City, town, or county) (State): Tindall Missouri

DATE REC'D BY LOCAL REG.: 9/19/50
REGISTRAR'S SIGNATURE: Irene Law 115 0
25. FUNERAL DIRECTOR'S SIGNATURE: Davis - Blackmore
ADDRESS: Trenton Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 28 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 Myself working under my personal supervision.

Student Embalmer No.....

Signed Raymond A Dorin

Licensed Embalmer No. 3424

P. O. Address Scanton, Mo.

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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