

No. 300  
10. 48

FILED APR 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9041

State File No. \_\_\_\_\_  
Registrar's No. 75

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived, institution: residence before admission): a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Carthage Mo</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Carthage Mo</u>	
c. LENGTH OF STAY (in this place) <u>3 wks</u>		d. STREET ADDRESS (If rural, give location) <u>1229 Clinton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1229 Clinton</u>			

3. NAME OF DECEASED (Type or Print) <u>Patrick J. Broderick</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>3-24-51</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>4-4-1870</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Co Down (Ireland)</u>	12. CITIZEN OF WHAT COUNTRY? <u>4</u>
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13a. FATHER'S NAME <u>Pat Broderick</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Kelly</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Alice Murphy</u>	ADDRESS <u>Carthage Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		<u>78 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)		<u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 Mar 22, 1951, to Mar 22, 1951, that I last saw the deceased alive on Mar 2, 1951, and that death occurred at 3:55 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Frank H. Dummer M.D.</u> (Degree or title)	23b. ADDRESS <u>Carthage Mo</u>	23c. DATE SIGNED <u>Mar 20-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-28-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Agnes Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Sarcoxie Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-30-51</u>	REGISTRAR'S SIGNATURE <u>J. Bellinger, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson &amp; Sons</u>	ADDRESS <u>Sarcoxie Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 4-3-51  
Jasper County Health Office

County File Number 51/3/283

Date Filed 4-3-51

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Paris, 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.