

## STANDARD CERTIFICATE OF DEATH

State File No. ....

10494

APR 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 180-179 PRIMARY REG. DIST. NO. 4290 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Foley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Foley</u> <u>05711</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>AUGUSTUS</u>	b. (Middle)	c. (Last) <u>BROYLES</u>	(Month) <u>4</u>	(Day) <u>19</u>	(Year) <u>1952</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 6-1871</u>	9. AGE (In years last birthday) <u>80</u>	if UNDER 1 YEAR Months <u>10</u> Days <u>2</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Apiarian</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Apiary</u>	11. BIRTHPLACE (State or foreign country) <u>Pacem, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JONAH BROYLES</u>	13b. MOTHER'S MAIDEN NAME <u>MEDA HOWE</u>	14. NAME OF HUSBAND OR WIFE <u>NETTIE BROYLES</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Nettie Broyles</u> ADDRESS <u>Foley 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 <u>6 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Vascular-Renal Disease Indefinite</u> DUE TO (c) <u>Age &amp; General Debility Indefinite</u>		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Broncho-Pneumonia and Acute Cholecystitis of Gallbladder</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) _____ m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4201</u>
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22. I hereby certify that I attended the deceased from Nov 1, 1952, to April 9, 1952, that I last saw the deceased alive on April 9, 1952, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank L. Sutton, D.O.</u> (Degree or title)	23b. ADDRESS <u>Winfield, Missouri</u>	23c. DATE SIGNED <u>4/9/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 11-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Corinth Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u>
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DATE REC'D BY LOCAL REG. <u>April 19-1952</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifton Miller - Elsberry, Mo</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

570  
1

**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 April 9

~~Student Embalmer No.~~ .....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Clifton Miller*

Licensed Embalmer No.

3364

P. O. Address

Elkemy, Md

**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.