

FILED MAY 14 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13630

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4337 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <b>Monroe</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>	
b. CITY OR TOWN <b>Madison</b>		c. CITY OR TOWN <b>Madison, 33 Madison Twp.</b>	
c. LENGTH OF STAY (in this place) <b>5 years</b>		d. STREET ADDRESS (If rural, give location) <b>XXXXXXXXXX</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>XXXXXXXXXXXXXXXXXXXX</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Iac</b>	b. (Middle) <b>Ash</b>	c. (Last) <b>Broaddus</b>	4. DATE OF DEATH. (Month) (Day) (Year) <b>4-27-1952</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>11-20-1879</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>sold gas &amp; oil</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>selling oil</b>	11. BIRTHPLACE (State or foreign country) <b>Howard Co, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Richard D. Broaddus</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Terrill</b>	14. NAME OF HUSBAND OR WIFE <b>Vaughn Elsberry</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>	16. SOCIAL SECURITY NO. <b>327-05-8600</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Martha B. Wilkin</b>
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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) <b>Hypostatic Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardio-renal-vascular disease 3 yrs</b> DUE TO (c)		
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	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 **April 24, 1952**, to **April 27, 1952**, that I last saw the deceased alive on **April 24, 1952**, and that death occurred at **3:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	23b. ADDRESS <b>2 Madison, Missouri</b>	23c. DATE SIGNED <b>4/28/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>4/29/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Madison Mo</b>
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DATE REC'D BY LOCAL REG. <b>5/5/52</b>	REGISTRAR'S SIGNATURE <b>E. L. Robertson</b>	EMERALD DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Madison Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 14 1953

MAY 14 1953

MAR 12 1954

MAR 15 1954

**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 Mr. Fred A. Humphreys

Licensed Embalmer No. 2282

P. O. Address Madison, Wis

**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.