

STANDARD CERTIFICATE OF DEATH

28421

State File No.

FILED AUG 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>140</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>480</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>480</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, Prairie</u>		c. LENGTH OF STAY (In this place) <u>2 Wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Grandview</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Co. Emergency</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>		b. (Middle) <u>Monroe</u>		c. (Last) <u>Broyles</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 5, 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>Sept. 10, 1885</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR: MONTHS _____ DAYS _____	
				11. BIRTHPLACE (State or foreign country) <u>Milan, Kansas</u> <u>1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. H. Broyles</u>		13b. MOTHER'S MAIDEN NAME <u>Mary D. Axton</u>		14. NAME OF HUSBAND OR WIFE <u>Amy D. Broyles</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-30-0737</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Amy D. Broyles, Grandview, Mo.</u> ADDRESS _____			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>adenocarcinoma of prostate</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>jaundice due to liver metastases</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
19a. DATE OF OPERATION <u>May 24, 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>adenoma of carcinoma</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from <u>2-5-52</u> to <u>8-5-52</u> , that I last saw the deceased alive on <u>8-5-52</u> , 1952, and that death occurred at <u>11:30 pm.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John C. Gurenschein, M.D.</u>				23b. ADDRESS <u>Independence, Mo.</u>		23c. DATE SIGNED <u>5 Aug 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/7/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lone Jack</u>		24d. LOCATION (City, town, or county) (State) <u>Lone Jack, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-6-52</u>		REGISTRAR'S SIGNATURE <u>Boysse C. Emanuel</u> <u>378</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.K. George and Sons, Grandview, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 2 1940

AUG 15 REC'D

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed A. K. George.....

Licensed Embalmer No. 3645.....

P. O. Address Grandview, 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.