S. No. 300
V. 10-48

FILED DEC 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41547

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1307

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (in this place) 14. 6m. 12 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital No 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lathrop 0250 1
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print)
a. (First) Henry
b. (Middle) Clayton
c. (Last) Broyles

4. DATE OF DEATH (Month) Dec (Day) 16 (Year) 52

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH March 14 1870
9. AGE (In years last birthday) 82 — If under 1 year: Months 9, Days 2, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Missouri D
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME James C. Broyles
13b. MOTHER'S MAIDEN NAME not given
14. NAME OF HUSBAND OR WIFE Maria Ann Archer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME John Broyles **ADDRESS** Plattsburg 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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4221
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 24, 1952, *to* Dec 16, 1952, *that I last saw the deceased alive on* Dec. 15, 1952, *and that death occurred at* 8:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Forrest Thomas (Degree or title) MD
23b. ADDRESS St Joseph Mo. State Hosp No 2
23c. DATE SIGNED 12/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12/18/52
24c. NAME OF CEMETERY OR CREMATORY Lathrop Cemetery
24d. LOCATION (City, town, or county) Lathrop (State) Mo.

DATE REC'D BY LOCAL REG. Dec 16, 1952
REGISTRAR'S SIGNATURE Carl C. Cash 446
25. FUNERAL DIRECTOR'S SIGNATURE W. A. Lyon **ADDRESS** Plattsburg Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 D. D. Lynn

Licensed Embalmer No. 3640

P. O. Address Platteburg, 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.