

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **42781**  
**5732**

V. S. No. 300  
Rev. 10-48

**FILED DEC 23 1953**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>5732</b>	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <b>Jackson</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>26 yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>3238 Cypress street</b>			
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>				
a. (First) <b>John</b>		b. (Middle) <b>N.</b>		c. (Last) <b>BROADLICK</b>		Month (Day) (Year) <b>December 5 1953</b>	
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>		<b>8. DATE OF BIRTH</b> <b>November 9, 1890</b>	
						<b>9. AGE</b> (In years last birthday) <b>63</b>	
						If UNDER 1 YEAR: Months _____ Days _____	
						If UNDER 1 HR. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>School teacher</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Teaching Profession</b>			<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Frontenac, Kansas</b>	
						<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>	
<b>13a. FATHER'S NAME</b> <b>William H. Broadlick</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Margaret Frazier</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Blanche Broadlick</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes</b>			<b>16. SOCIAL SECURITY NO.</b> <b>none</b>			<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Official Records, VA Hospital, K.C.Mo.</b>	
						ADDRESS _____	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>					<b>INTERVAL BETWEEN ONSET AND DEATH</b>
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Carcinoma of pancreas</b>					<b>1 yr</b>
		<b>ANTECEDENT CAUSES</b>					
		DUE TO (b) <b>as above</b>					
		DUE TO (c) <b>as above</b>					
		<b>II. OTHER SIGNIFICANT CONDITIONS</b>					
		Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>					<b>157X</b>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>					<b>20. AUTOPSY?</b>
		<b>none</b>					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b>		<b>(COUNTY)</b>	
						<b>(STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>VA</b>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from August 23, 1953, to December 5, 1953, and that death occurred at 11:25 a.m., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> <i>Richard C. Schaffer</i> <b>RICHARD C. SCHAFFER, M.D.</b>				<b>23b. ADDRESS</b> <b>VA Hospital, Kansas City, Mo.</b>		<b>23c. DATE SIGNED</b> <b>12/6/53</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>		<b>24b. DATE</b> <b>DEC 7 1953</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>GREENLAWN CEMETERY</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>12-7-53</b>		<b>REGISTRAR'S SIGNATURE</b> <i>Sheldine Smith</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>A.H. Newcomer's Sons</i>			
				ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>			

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

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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.....  
Signature of Student Embalmer

Signed *Basil P. Honey*.....

Licensed Embalmer No. *4724*.....

P. O. Address *Island, M.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.