

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11980**
1631

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1631</u>			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. LENGTH OF STAY (in this place) 30 yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1000 Benton Blvd				STREET ADDRESS (If rural, give location) 1000 Benton Blvd. 31880					
3. NAME OF DECEASED (Type or Print) Julius		a. (First)		b. (Middle) Broom		c. (Last)			
4. DATE OF DEATH 4 9 54		(Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE Negro			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 7, 1893		9. AGE (In years last birthday) 62/60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor			
11. BIRTHPLACE (City and State or Foreign Country) Rust, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Evans Broom		13b. MOTHER'S MAIDEN NAME Edmonia Stevens			
14. NAME OF HUSBAND OR WIFE Virginia Broom		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virginia Broom 1000 Benton Blvd			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Large Bowel ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 2 yrs 153X 1 week	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Large Bowel				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)		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>4-8</u> , 1954, to <u>4-9</u> , 1954, that I last saw the deceased alive on <u>4-9</u> , 1954, and that death occurred at <u>8:15 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE Donald S. Ferguson (Degree or title)				23b. ADDRESS 2120 East 16th St.		23c. DATE SIGNED 4-12-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-14-54		24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, MO, MOAS.			
DATE REC'D BY LOCAL REG. 4-12-54		REGISTRAR'S SIGNATURE Geraldine Smith		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Menlove & Williams 1729 Lydia					

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.....
Signature of Student Embalmer

Signed *J. Marlowe*.....

Licensed Embalmer No. *399*

P. O. Address *2503*.....

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.