

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 24 1954

State File No. 16536

Registrar's No. 31

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4288

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow Mills</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow Mills MO</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In his home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>BROADSTONE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1954</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>May 31 1879</u>
9. AGE (In years) <u>74</u> if under 1 year last birthday <u>11</u> Days <u>19</u> Hours <u>19</u> Min.		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Janitor</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY		13. FATHER'S NAME <u>George Broadstone</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Berneta Broadstone</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>493-36-0911</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Berneta Broadstone</u>		ADDRESS <u>Moscow Mills</u>	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis Generalized</u> DUE TO (c) <u>—</u>		years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>Nov 6</u> , 19 <u>53</u> , to <u>May 20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>MAY 20</u> , 19 <u>54</u> , and that death occurred at <u>7:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Thomas K. Meschery M.D.</u>		23b. ADDRESS <u>Troy MO</u>	
23c. DATE SIGNED <u>May 21, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 23, 54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Anderson Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln County MO</u>	
DATE REC'D BY LOCAL REG. <u>May 22-54</u>		REGISTRAR'S SIGNATURE <u>Emma D. Riddle</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McCoy</u>		ADDRESS <u>Troy MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

No. 300 10-48 570 PERMANENT RECORD WRITE PLAINLY—USING UNFADING BLACK INK—MAKE

JUN 17 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 Wayne M. Coy

Licensed Embalmer No. 3586

P. O. Address Troy 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.