

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41702

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 403

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Hannibal</u>		c. CITY OR TOWN <u>Rural - Black Creek</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 days</u>		STREET ADDRESS (If rural, give location) <u>1020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>			
3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>WALTER</u> c. (Last) <u>Broughton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-30-1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 9-1895</u>
9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Days <u>4</u>	IF UNDER 24 HRS. Hours <u>21</u>	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby county Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Jos. Lee Broughton</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Dennis</u>	14. NAME OF HUSBAND OR WIFE <u>Rosetta Broughton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Rosetta Broughton</u> ADDRESS <u>Hannibal Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u> ANTECEDENT CAUSES* Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute appendicitis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>6 days</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5500</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>11/24</u> , 19 <u>54</u> , to <u>12/30</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12/30</u> , 19 <u>54</u> , and that death occurred at <u>11:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>1-4-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburial</u>	24b. DATE <u>Jan-31-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gate Dale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Shelby County Mo</u>
DATE RECD BY LOCAL REG. <u>Jan 6 '55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>	

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

JAN 14 1955  
RECEIVED  
MARION CO. HEALTH DEPT.  
DATE FILED JAN 14 1955

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 *John S. Grand*.....

Licensed Embalmer No. *454*  
P. O. *Hannibal*.....

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.