

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32244

State File No. ....

FILED OCT 17 1955

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>1089</b>		
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>Most life</b>		c. CITY OR TOWN <b>St. Joseph</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 HOSPITAL OR INSTITUTION <b>2417 St. Joseph Avenue</b>				e. STREET ADDRESS (If rural, give location) <b>2417 St. Joseph Avenue</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>O</b> c. (Last) <b>BROCE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 5 1955</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 29, 1886</b>		
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Millwright</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Grain Elevator</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Andrew County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>John T. Broce</b>			13b. MOTHER'S MAIDEN NAME <b>Mary F. Ashley</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Annie Loy Broce</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-07-9026-A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Annie L. Broce St. Joseph, Mo.</b>				
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, athenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>This man had not been attended by any Doctor in recent years, and was dead when I first saw him at the hour and date given above.</b>				DUE TO (b) <b>There was no evidence of foul play and he apparently died of natural causes, the exact nature of these causes unknown.</b>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		7955		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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:45A</b> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Orville L. Lawson M.D.</b>				23b. ADDRESS <b>1302 Harrison Street Mo</b>		23c. DATE SIGNED <b>10/8/55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-10-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Oct 13, 1955</b>		REGISTRAR'S SIGNATURE <b>Robert M. Allison</b>		485 25. FUNERAL DIRECTOR'S SIGNATURE <b>Stamey Funeral Home</b>		ADDRESS <b>St. Joseph, Mo.</b>		

(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.....  
Signature of Student Embalmer

Signed *John Roy Starn*

Licensed Embalmer No. *243*

P. O. Address *H. J. Gray*

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.