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FILED APR 23 1956

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

State File No. 12338

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 132

**1. PLACE OF DEATH**
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boone County Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: Columbia
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 602 Sanfrod Rlace 0105

**3. NAME OF DECEASED** (Type or Print)
a. (First): GARLAND
b. (Middle): CARR
c. (Last): BROADHEAD

**4. DATE OF DEATH** (Month) (Day) (Year): April 19, 1956

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married
**8. DATE OF BIRTH**: Jan. 4, 1873
**9. AGE** (In years last birthday): 83 — 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): Retired Highway Engineer & Surveyor
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): Pleasant Hill, Missouri.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: Garland C. Broadhead
**13b. MOTHER'S MAIDEN NAME**: Marian Wallace Wright
**14. NAME OF HUSBAND OR WIFE**: ———
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): ———
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Mrs. Sanford F. Conley, Columbia, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma head of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

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.*

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 157X
**20. AUTOPSY?** YES ☒ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* 7-8, 1954, *to* 4-18, 1956, *that I last saw the deceased alive on* 4-18, 1956, *and that death occurred at* 2:05 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** James M. Allen (Degree or title) MD
**23b. ADDRESS**: Columbia Mo
**23c. DATE SIGNED**: 4-19-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Apr. 21, 1956
**24c. NAME OF CEMETERY OR CREMATORY**: Columbia Cemetery
**24d. LOCATION** (City, town, or county) (State): Columbia, Missouri.

**DATE REC'D BY LOCAL REG.**: Apr. 20 1956
**REGISTRAR'S SIGNATURE**: Mrs. R. E. Palmer
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Parker Funeral Service, Columbia Mo.

(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 em

by me, or by Roger James, Student Embalmer No. 5

working under my personal supervision..

Student Roger James
Signature of Student Embalmer

Signed Jw Phillips

Licensed Embalmer No. 48

P. O. Address Columb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.