

**STANDARD CERTIFICATE OF DEATH**

16265  
State File No. \_\_\_\_\_  
1882  
Registrar's No. \_\_\_\_\_

No. 300  
10.48

FILED MAY 17 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	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) <b>57 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>1033 Jefferson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital # 1</b>			

3. NAME OF DECEASED (Type or Print) <b>ARTHUR ABRAHAM Broyles</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>April 29 56</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>12-22-1883</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during part of working life, even if retired) <b>Stock Manager</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Boardman</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Criglersville, Virginia</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Wm. Y. Broyles</b>	13b. MOTHER'S MAIDEN NAME <b>Isabella Weakley</b>	14. NAME OF HUSBAND OR WIFE <b>Never married</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>495-07-6656</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary Beckwith</b>	ADDRESS <b>385 S. Dayton Rd.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular accident</b>	DUE TO (b) _____		331 X
ANTECEDENT CAUSES	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 April 25, 1956, to April 29, 1956, that I last saw the deceased alive on April 29, 1956, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>B. I. Burns, M.D.</b>	(Degree or title)	23b. ADDRESS <b>24th &amp; Cherry Sts.</b>	23c. DATE SIGNED <b>4/30/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 3, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5-1-56</b>	REGISTRAR'S SIGNATURE <b>neva minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. J. Blackman &amp; Son Inc.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

N.C., Mo.

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..... *W. C. Bunker*

Licensed Embalmer No. *487*

P. O. Address *W. C. Bunker*

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.