

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4597 ✓

FILED FEB 27 1957

STATE FILE NUMBER

491

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

Health, Welfare, Public Service  
300  
-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
H. Eugene Smith

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>KANSAS CITY</u>		3078 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>425 NORTH DENVER</u>			Length of stay in lb <u>47 YEARS</u>			d. STREET ADDRESS (If outside, give location) <u>425 NORTH DENVER</u>	
3. NAME OF DECEASED (Type or print) First <u>Louis</u> Middle <u>PETER</u> Last <u>BRODERSON</u>				4. DATE OF DEATH Month <u>JAN</u> Day <u>29</u> Year <u>1957</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR 2 1884</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MOTOR MECH.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>POST OFFICE DEPT.</u>		11. BIRTHPLACE (City and state or country) <u>LYNDON, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JACOB BRODERSON</u>				14. MOTHER'S MAIDEN NAME <u>CHRISTINA MICKELSON</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>NONE</u>		17. INFORMANT <u>Mrs. Lula Mae Broderson</u> Address <u>425 N. DENVER</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarction</u>						INTERVAL BETWEEN ONSET AND DEATH <u>0</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u>						<u>0</u>	
DUE TO (c) <u>arteriosclerotic heart disease</u>						<u>5 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Aortic stenosis</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>HT</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>1</u>				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK . . . AT WORK		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Nov 21-1955</u> to <u>Jan 29-1957</u> and last saw her/him alive on <u>Jan 7-1957</u> Death occurred at <u>5:00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>H Eugene Smith M.D.</u> (Degree or title)				22b. ADDRESS <u>411 Michals Road K.C. MO</u>		22c. DATE SIGNED <u>Jan 30 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>FEB 1-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT MORIAN CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u>				ADDRESS <u>331 BOWL GREEN</u>		25. DATE RECD. BY LOCAL REG. <u>2-1-57</u>	
26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>							

12/11/19

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 *Adrian Jay Stitt*

Licensed Embalmer No. *48*

P. O. Address *K. C., Mo.*

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.