

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 2 1 7 7 9
State File No.

FILED JUL 8 1957

BIRTH NO.		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>168</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Chillicothe</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe hospital</u>				STREET ADDRESS (If rural, give location) <u>RFD 4, Chillicothe, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u>		b. (Middle)		c. (Last) <u>Broyles</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 1, 1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 4, 1891</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Linn County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Obediah Broyles</u>		13b. MOTHER'S MAIDEN NAME <u>Antoinette Woods</u>		14. NAME OF HUSBAND OR WIFE <u>Clemma Broyles</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. I</u>		16. SOCIAL SECURITY NO. <u>494-40-8075</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clemma Broyles, Chillicothe, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HTO1</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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)		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>8-28</u> , 19 <u>56</u> , to <u>7-1</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>6-30</u> , 19 <u>57</u> , and that death occurred at <u>7 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph F. Gale M.D.</u>				23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>7-1-57</u>	
24a. BURNAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 3, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resthaven</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/2/57</u>		REGISTRAR'S SIGNATURE <u>Frances B Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Donald Gordon - Chillicothe Mo.</u>			

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

Gale

JUL 19 1951

APR 10 1958

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 *Richard H. Banda*

Licensed Embalmer No. *4860*

P. O. Address *Chillicothe*

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.