...t. Health,
..., & Welfare
...S. Public
...lth Service

...S. 300
...v. 1-57

4

FILED DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

44717
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 553

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Blue Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Cedar Croft Nursing — Length of stay in 1b Home, 50 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City Mo. — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1320 Indiana ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Henry Middle Frank Last Broughton

4. DATE OF DEATH Month Dec. Day 19 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH June 14 1871

9. AGE (In years last birthday) IF UNDER 1 YEAR Months 86 Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Near Hardin Missouri

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Henry F. Broughton

13b. MOTHER'S MAIDEN NAME Ann Heller Frazier

14. NAME OF HUSBAND OR WIFE Agnes M.Broughton,Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT Mrs.J.L.Shelton Address 4610 Wabash ave Kansas City Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Arterio-Sclerotic Heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arterio-Sclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ?

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Philip Auper M. D.

22b. ADDRESS Lee's Summit, Mo

22c. DATE SIGNED 12-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Dec.21 1957

23c. NAME OF CEMETERY OR CREMATORY Woodland

23d. LOCATION (City, town, or county) (State) Richmond,Mo.

24. FUNERAL DIRECTOR Mrs.C.L.Forster Funeral Home Inc. ADDRESS 918 Brooklyn Ave, K.C.MO.

25. DATE RECD. BY LOCAL REG. 12-21-57

26. REGISTRAR'S SIGNATURE James S. Craig

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

DEC 27 1957

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 J. Virgil Henrich

Licensed Embalmer No. 3599

P. O. Address St. Louis Mo.

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.