

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043898

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 170 Primary Registration District No. 3024 Registrar's No. 116

300
1-57

1. PLACE OF DEATH a. COUNTY Howard			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY Los Angeles		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Los Angeles 8040		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital		Length of stay in lb 11 days	d. STREET ADDRESS (If outside, give location) 1001 Barring Cross		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Harry Middle Broersma Last Broersma			4. DATE OF DEATH Month November Day 29 Year 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 26, 1897	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 61 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired patrolman		10b. KIND OF BUSINESS OR INDUSTRY patrol	11. BIRTHPLACE (City and state or country) Amsterdam, Holland		12. CITIZEN OF WHAT COUNTRY? United States
13a. FATHER'S NAME Don't know		13b. MOTHER'S MAIDEN NAME Don't know		14. NAME OF HUSBAND OR WIFE Kitty Broersma	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 700-16-3802	17. INFORMANT Address 1001 Barring Cross Mrs. Harry Broersma: Los Angeles 44, Calif.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction				INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Thrombosis				2 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.)		
20c. TIME OF INJURY Hour 10:45 Month, Day, Year Nov 29 1958 a.m. 9 p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Nov 17 1958 to Nov 29 1958 and last saw ^{him} alive on Nov 29 1958 Death occurred at 10:45 a 9 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James D. Deardorff</i> (Degree or title)			22b. ADDRESS Fayette, Mo		22c. DATE SIGNED 12-9-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12-1-1958	23c. NAME OF CEMETERY OR CREMATORY Roanoke Cemetery		23d. LOCATION (City, town, or county) (State) Roanoke, Missouri
24. FUNERAL DIRECTOR Tom B. Patton ADDRESS Huntsville		25. DATE RECD. BY LOCAL REG. 12-9-58	26. REGISTRAR'S SIGNATURE <i>Mary K. Shell</i>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 29 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 *Tom P. Patton*

Licensed Embalmer No. *3914*

P. O. Address *Huntville*

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.