

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044837

State File No.

FILED JAN 7 1959

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>4302</u>		Registrar's No. <u>7</u>		
1. PLACE OF DEATH a. COUNTY <u>Livingston</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chula</u> c. LENGTH OF STAY (in this place) <u>66 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> c. CITY OR TOWN <u>Chula</u> <u>0590</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED a. (First) <u>Anna</u> (Type or Print) b. (Middle) _____ c. (Last) <u>Broyles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 31 1958</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Divorced 3</u>		8. DATE OF BIRTH <u>April 5 1870</u>		9. AGE (In years last birthday) <u>88</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>26</u> IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Livingston County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Herman Thome</u>			13b. MOTHER'S MAIDEN NAME <u>Christine Uhrmacher</u>		14. NAME OF HUSBAND OR WIFE <u>Arnon Broyles</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'S SIGNATURE OR NAME <u>H.L. Broyles</u> ADDRESS <u>Chula 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial Sclerosis</u>					5 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			4201		20. AUTOPSY? 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>Nov</u> , 19____, to _____, 19____, that I last saw the deceased <u>Anna Dec 31, 1958</u> and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Joseph A. Coroneo</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>Dec. 31-58</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 7 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>plainsview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chula Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Dec-31-58</u>		REGISTRAR'S SIGNATURE <u>Frances B Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E.J. Robertson</u> ADDRESS <u>Funeral Home Chula Mo</u>				

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

0590

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. M. Robertson*.....

Licensed Embalmer No. *4389*.....

P. O. Address *Laredo*.....

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.