Health, & Welfare Public Service

S. 300 . 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002532
STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6122 Registrar's No. 14

FILED FEB 3 1959

1. PLACE OF DEATH
a. COUNTY: RAY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): RICHMOND TWSP — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): RAY COUNTY MEM. HOSP. — Length of stay in Hospital: 3 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: RAY
c. CITY OR TOWN: HARDIN 0890 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: HAMER Middle: GRAY Last: BROUGHTON
4. DATE OF DEATH: Month: JAN. Day: 24 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: JAN. 18, 1895
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): RAY COUNTY, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME: JAMES R. BROUGHTON
13b. MOTHER'S MAIDEN NAME: IDA BRIGHT
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: MRS. D. R. MYERS — Address: HARDIN, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Left heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Electrolite imbalance
DUE TO (c) Bright's Disease Malignant Lymphoma
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 2602
INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 10-11-54, to 1-24-59 and last saw ~~her~~ him alive on 1-24-59
Death occurred at 1-24-59 12:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) M.D.
22b. ADDRESS: Richmond
22c. DATE SIGNED: 1-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-25-59
23c. NAME OF CEMETERY OR CREMATORY: HICKORY GROVE CEM.
23d. LOCATION (City, town, or county) (State): RAY COUNTY, Mo.

24. FUNERAL DIRECTOR: KNIPSCHILD & BORCHERDING — ADDRESS: Hardin
25. DATE RECD. BY LOCAL REG.: 1-27-1959
26. REGISTRAR'S SIGNATURE: Mabel Jackson
(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 August Borcherding

Licensed Embalmer No. 4678

P. O. Address Hardin, 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.