

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004355
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 1 Primary Registration District No. Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Benton township		c. CITY OR TOWN Kirksville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS R.F.D. # 1	
Length of stay in 1b 18 yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JOHN CALVIN BROYLES			4. DATE OF DEATH Month Day Year Feb. 18 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 23 1885	9. AGE (In years less birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Street Dept.	10b. KIND OF BUSINESS OR INDUSTRY City of Kirksville	11. BIRTHPLACE (City and state or country) Macon Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U S
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13. FATHER'S NAME James Broyles	14. MOTHER'S MAIDEN NAME Mary Elizabeth Munn
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No	16. SOCIAL SECURITY NO. 491-14-1280	17. INFORMANT Address Mrs Pearl Broyles, Rt. 1, Kirksville, Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Disease		INTERVAL BETWEEN ONSET AND DEATH 9 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. INJURY OCCURRED * WHILE AT WORK <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
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21. I attended the deceased from 5-28-58 to 2-18-59 and last saw him alive on Feb. 18, 1959 Death occurred at 4:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Name or title) R.O. Stickler M.D.	22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 2-20-59
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23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial	23b. DATE Feb. 22 1959	23c. NAME OF CEMETERY OR CREMATORIUM Highland Park	23d. LOCATION (City, town, or county) (State) Kirksville, Adair, Mo.
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24. FUNERAL DIRECTOR Dorab. Foster	ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 2-23-1959	26. REGISTRAR'S SIGNATURE Doris W. Ratliff
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(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. R.O. STICKLER, M.D. MEDICAL CERTIFICATION

March 3 1950

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.....
Nova E. Foster
(Nova. E. Foster
Licensed Embalmer No. 47

P. O. Address.....
Kirksville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.