

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025604

FILED VS AUG 11 1959

Registration District No. 56 Primary Registration District No. 200 Registrar's No. 377

STATE FILE NUMBER

| | | | | | | | | | | | | | |
|--|--|---|---|---|--|--|---|--|--|--|--|----------------|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin | | Length of stay in 1b 2 Yrs | | c. CITY OR TOWN Joplin | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home 3505 Jackson | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 3505 Jackson | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First Russell Middle G. Last Broyles | | | | 4. DATE OF DEATH Month July Day 29 Year 1959 | | | | | | | | | |
| 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 3-23-1890 | | 9. AGE (last birthday) 69 | | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HR | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer | | | | 10b. KIND OF BUSINESS OR INDUSTRY Oil Industry | | 11. BIRTHPLACE (City and state or country) Pittsburg, Kan | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | | | |
| 13a. FATHER'S NAME John A. Broyles | | | | 13b. MOTHER'S MAIDEN NAME Laura Goss | | | | 14. NAME OF HUSBAND OR WIFE Isobel | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W War # 1 | | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Isobel Broyles Joplin, Mo. | | | | | | | |
| 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 THROMBOSIS | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 HOURS | | | |
| 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) | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. _____ | | Month, Day, Year | | | | | | | | | | | |
| 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 | | | | | |
| 21. I attended the deceased from 1950 to 28 July 59 and last saw him alive on 28 July 1959 Death occurred at 8:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE R. J. Taylor M.D. (Degree or title) | | | | 22b. ADDRESS Neosho Mo | | | | 22c. DATE SIGNED 30 July 59 | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 8-1-1959 | | 23c. NAME OF CEMETERY OR CREMATORY Anderson Cemetery | | 23d. LOCATION (City, town, or county) (State) Anderson, Missouri | | | | | | | |
| 24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home Neosho, Mo | | | | 25. DATE RECD. BY LOCAL REG. 8-5-1959 | | 26. REGISTRAR'S SIGNATURE Dore Merriam | | | | | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

3331 2 11 50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. W
Merico, 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.