

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015173

FILED VS MAY 9 1960

149 Primary Registration District No. 1002 Registrar's No. 2271

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MICHIGAN b. COUNTY OAKLAND									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 2 Mos.		c. CITY OR TOWN DAVISBURG R.F.D. 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Frederick Middle BROEGMAN Last BROEGMAN				4. DATE OF DEATH Month April Day 22 Year 1960									
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 7-11-1890		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 or if retired) Supervisor				10b. KIND OF BUSINESS OR INDUSTRY Foundry		11. BIRTHPLACE (City and state or country) Farmingtown Mich.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME John Broegman				13b. MOTHER'S MAIDEN NAME Minnie Foss				14. NAME OF HUSBAND OR WIFE Helen Irene Broegman					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 369-07-2881		17. INFORMANT Address Mrs. Helen Irene Broegman, Davisburg, Mich.							
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 with infarction 2 months DUE TO (b) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Arteriosclerotic coronary heart disease 2 yrs? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paresis secondary to cond tumor squamous cancer										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 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 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 11 Nov 59 to 22 April 60 and last saw him alive on 21 April 60 Death occurred at 3:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Jack M Davis M.D.					22b. ADDRESS Raytown Mo			22c. DATE SIGNED 22 Apr 60					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-25-1960		23c. NAME OF CEMETERY OR CREMATORY Davisburg Cemetery		23d. LOCATION (City, town, or county) Davisburg Mich.		STATE					
24. FUNERAL DIRECTOR Kepley Hinton				ADDRESS Raytown, Mo		25. DATE RECD. BY LOCAL REG. 4-23-60		26. REGISTRAR'S SIGNATURE Neva Marshall					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Jack M. Davis

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

John R. Sidman
Licensed Embalmer No. 4531
P. O. Address Kansas City

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.