

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037649

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 180

FILED OCT 17 1961

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in 1b 1 year	c. CITY OR TOWN Hale
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Susans Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) West Part Town
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LEONARD Middle E. Last BROYLES	4. DATE OF DEATH Month October Day 3rd Year 1961.
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5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/6/1870	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months 7 Days 27	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Hale, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William Calvert Broyles	13b. MOTHER'S MAIDEN NAME Mary Elien Hubbard,	14. NAME OF HUSBAND OR WIFE Elizabeth (Moore) Broyles
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT Gene Broyles Hale 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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Shock, Senescence		36 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Sclerosis	3 yrs
	DUE TO (c) Arterial Sclerosis	5 yrs
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 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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 Hale, Missouri	COUNTY _____ STATE _____
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21. I attended the deceased from **June 50** to **Oct. 3 '61** and last saw him alive on **Oct. 2 '61**
Death occurred at **IRMA** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph P. Conrad M.D.	(Degree or title)	22b. ADDRESS Chillicothe, Mo.	22c. DATE SIGNED Oct. 13 '61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 7, 1961	23c. NAME OF CEMETERY OR CREMATORY Hurricane Cemetery	23d. LOCATION (City, town, or county) Hale, Missouri.
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24. FUNERAL DIRECTOR Clifford W. Austin F-H Hale, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Oct 6, 1961	26. REGISTRAR'S SIGNATURE Annaliese Taylor
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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Clifford W Austin

Licensed Embalmer No. 3233

P. O. Address Tena, Miss

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.