

# MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045877

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

RECEIVED

Registration District No. 295 Primary Registration District No. 6015 Registrar's No. 91

FILED JAN 2 1962

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>RANDOLPH</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HUNTSVILLE Mo. 4 Wks.</u>		Length of stay in lb		c. CITY OR TOWN <u>MOBERLY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NURSING HOME PLEASANT-VIEW</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>406 ROBERTS ST.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Maggie</u> Middle <u>MAUD</u> Last <u>BROADHUS</u>				4. DATE OF DEATH Month <u>12</u> Day <u>21</u> Year <u>61</u>									
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-15-1875</u>		9. AGE (last birthday) <u>86</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and state or country) <u>RANDOLPH</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>FRANK BOWERS</u>				13b. MOTHER'S MAIDEN NAME <u>ELLA</u>				14. NAME OF HUSBAND OR WIFE <u>TANDY BROADHUS</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>TH. A. D. KLEIN</u>		Address <u>MOBERLY Mo.</u>					
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) <u>acute congestive heart failure</u>										<u>1 day</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <u>chronic myocarditis</u>		<u>UNKNOWN</u>	
										DUE TO (c) <u>senility</u>			
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 checked="" 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 <u>Nov. 1961</u> to <u>Dec. 21, 1961</u> and last saw her <u>alive on Dec. 20, 1961</u> Death occurred at <u>5:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Print name or title) <u>Marion E. Million, D.O.</u>						22b. ADDRESS <u>Huntsville, Mo.</u>			22c. DATE SIGNED <u>12-22-61</u>				
23a. MANNER OF CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12-23-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>OAKLAND-CEMETERY</u>			23d. LOCATION (City, town, or county) (State) <u>MOBERLY Mo.</u>						
24. FUNERAL DIRECTOR <u>MARION E. MILLION - MOBERLY, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12-28-1961</u>		26. REGISTRAR'S SIGNATURE <u>Thelma Patterson</u>					

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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Marion E. Willis

Licensed Embalmer No. 3957

P. O. Address Woburn, 1

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.