MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013961

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 120

FILED APR 23 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0017
2 0010 2
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ~~INSTITUTION~~: Laughlin Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Adair
c. CITY OR TOWN: Novinger — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R F D 1 (Youngstown) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FRANK Middle CHARLES Last BROSEGHINI
4. DATE OF DEATH: Month April Day 15 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ ~~Never Married~~ ☐ ~~Widowed~~ ☐ ~~Divorced~~ ☐
8. DATE OF BIRTH: 5/4/05
9. AGE (last birthday): 56 — 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): operator
10b. KIND OF BUSINESS OR INDUSTRY: tavern
11. BIRTHPLACE (City and state or country): Novinger, Mo.
12. CITIZEN OF WHAT COUNTRY: U S
13a. FATHER'S NAME: Barney Broseghini
13b. MOTHER'S MAIDEN NAME: Lena Quaiotto
14. NAME OF HUSBAND OR WIFE: Anna Broseghini
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.:
17. INFORMANT — Address: Anna Broseghini, Youngstown, Mo.

18. CAUSE OF DEATH (Enter only one cause per line f
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bulbar hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 38 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovascular disease.
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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION: McClure

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 4/14/62, to 4/15/62 and last saw her/him alive on 4/14/62
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 (Degree or title): [signature] McClure DO
22b. ADDRESS: Kirksville, Missouri
22c. DATE SIGNED: 4/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Apr. 18-62
23c. NAME OF CEMETERY ~~OR CREMATORY~~: Novinger
23d. LOCATION (City, town, or county) (State): Novinger, Adair, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Foster Memorial Home, Kirksville, Mo.
25. DATE RECD. BY LOCAL REG.: April 18, 1962
26. REGISTRAR'S SIGNATURE: Doris W Ratliff

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1962

H. D. McCLURE, D. O.

No permit issued

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. 4742

P. O. Address Kirksville, 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.