

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5693

State File No.

James
FILED MAR 3 1950

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5935 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>28 Year</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route # 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route #4</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u>		b. (Middle) <u>C.</u>	
		c. (Last) <u>BRUCE</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 1, 1862</u>
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. 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 (State or foreign country) <u>Ohio</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Elliott Griffith</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Balthazee</u>	
14. NAME OF HUSBAND OR WIFE <u>John W. Bruce</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>None</u>	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oden Bruce, R.R. #4, Sedalia, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, metastatic left lung.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Carcinoma, recurrent of breast 12 yrs.</u>	
		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
		<u>170X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia Pettis Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Oct 6, 1949</u> , to <u>Feb 7, 1950</u> , that I last saw the deceased alive on <u>Feb 7, 1950</u> , and that death occurred at <u>3:20 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John E. Ramsey M.D.</u> (Degree or title)		23b. ADDRESS <u>111 West 4th Sedalia Mo.</u>	
		23c. DATE SIGNED <u>2-9-50</u>	
24a. BURIAL CREMA TION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 9, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Salt Fork Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cooper County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-9-50</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u> <u>251</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Weckert, Sedalia, Mo.</u>	

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 13

District Health Officer No. 8,

District File Number _____

Date Filed 2-28-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Frank S. Coffman Jr.

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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 this body is not embalmed, fact should be so stated above.