

FILED APR 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7816

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

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BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>157</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>2 WK</u>		c. CITY OR TOWN <u>Bernie</u>		<u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lucy Lee Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Irabelle</u>			b. (Middle) _____			c. (Last) <u>Bruce</u>	
4. DATE OF DEATH		(Month) <u>3</u>		(Day) <u>27</u>		(Year) <u>50</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>June 28, 1874</u>	
9. AGE (in years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>29</u>		IF UNDER 6 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Fremont, Mo.</u>	
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 _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>William Jones</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Turley</u>		14. NAME OF HUSBAND OR WIFE <u>James M. Bruce</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>J. C. Bruce</u>		ADDRESS <u>Poplar Bluff Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Muscular Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Muscular Thrombosis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	
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>3-25-</u> , 19 <u>50</u> , to <u>3-27-</u> , 19 <u>50</u> that I last saw the deceased alive on <u>3-27-</u> , 19 <u>50</u> , and that death occurred at <u>11:10 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>John R. Long</u> (Degree or title) <u>0</u> <u>M.D.</u>				23b. ADDRESS <u>Poplar Bluff Mo.</u>		23c. DATE SIGNED <u>4-1-50</u>	
24a. BURIAL, CREMATION; REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/29/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Site</u>		24d. LOCATION (City, town, or county) (State) <u>Fremont, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 8-1950</u>		REGISTRAR'S SIGNATURE <u>Wm H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Greer Croy &amp; Fitch</u>		ADDRESS <u>Poplar Bluff, Mo.</u>	

APR 10 1950  
450-170  
BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

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.

Signed *Philip J. Casserly*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4618*

P. O. Address *Poplar Bluff, 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.