

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41894**

FILED DEC 20 1950

BIRTH NO. _____ REG. DIST. NO. **314** PRIMARY REG. DIST. NO. **6067** Registrar's No. **78**

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

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tiffin rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tiffin (Rural) Washington	
c. LENGTH OF STAY (in this place) 8 years		d. STREET ADDRESS (If rural, give location) 0930.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Speedwell Township			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) W. c. (Last) Bruce			4. DATE OF DEATH (Month) (Day) (Year) 12/10/1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/22/1883	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Belton Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Bruce	13b. MOTHER'S MAIDEN NAME Sarah Hawkins	14. NAME OF HUSBAND OR WIFE Susan Bruce Tiffin Mo.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Susan Bruce Tiffin Mo. ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) not developed DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		260X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none
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22. I hereby certify that I attended the deceased from **10-17**, 19**50**, to **12-9**, 19**50**, that I last saw the deceased alive on **12-9**, 19**50**, and that death occurred at **12:00 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.W. Richardson M.D.	23b. ADDRESS Tiffin	23c. DATE SIGNED 12-17-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/13/1950	24c. NAME OF CEMETERY OR CREMATORY Rural	24d. LOCATION (City, town, or county) (State) Tiffin Mo - St. Clair Co
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DATE REC'D BY LOCAL REG. Dec 23 1950	REGISTRAR'S SIGNATURE W. H. Seavers	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Seavers ADDRESS Paris Mo
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RECEIVED

12/29/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12/29/50

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 J. B. [Signature]

Licensed Embalmer No. 3038

P. O. Address [Signature]

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.