

FILED AUG-1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24014**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **63**

0821

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

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Louisiana</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Louisiana</b>	
c. LENGTH OF STAY (In this place) <b>2 months</b>		d. STREET ADDRESS (If rural, give location) <b>2218 Georgia St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike Co. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>NENA</b> b. (Middle) <b>LEGRAND</b> c. (Last) <b>BRUCE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 10, 1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 18, 1883</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>68 3 22</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>		11. BIRTHPLACE (State or foreign country) <b>Pike Co., Missouri</b>	
13a. FATHER'S NAME <b>Champ Smith</b>			13b. MOTHER'S MAIDEN NAME <b>Ella Simpson</b>		14. NAME OF HUSBAND OR WIFE <b>John Bruce</b>

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Champ Bruce, Louisiana, Missouri</b>			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>29 hr</b>  <b>10 1/2 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cordes -</b> DUE TO (c) <b>Vascular Disease</b>		
	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 <b>443X</b>	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)
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 **1949** to **7-10, 1951**, that I last saw the deceased alive on **7-9, 1951**, and that death occurred at **200 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Chas. H. Lemellen</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Louisiana, Missouri</b>	23c. DATE SIGNED <b>7-11-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/11/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Louisiana, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>July 11, 1951</b>	REGISTRAR'S SIGNATURE <b>Berniece Collier</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sterne Funeral Home, Louisiana, Mo.</b>
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Date Received: JUL 28 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 7-51-1338  
Date Filed: JUL 28 1951

**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 *Virginia M. Sterne*

Licensed Embalmer No. *4645*

P. O. Address *Louisiana, 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.