

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32528**

FILED OCT 19 1951

0070
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>27</u> | | PRIMARY REG. DIST. NO. <u>5096</u> | | Registrar's No. <u>99</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Bates</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Mt Pleasant</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>K. Anas City, Mo.</u> | | d. STREET ADDRESS (If rural, give location) <u>7414 Waldrow</u> <u>3898</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Tree Rest Home</u> | | | | 3. NAME OF DECEASED a. (First) <u>Anna</u> b. (Middle) _____ c. (Last) <u>Crider</u> | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>10-8-1951</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>10-5-1867</u> | | 9. AGE (In years last birthday) <u>84</u> | | # UNDER 1 YEAR Months <u>0</u> Days <u>3</u> | | # UNDER 6 WKS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Julius R. Bruce</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Boren</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 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>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Larrence W. Schmiedding</u> ADDRESS <u>Ruth, 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</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. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 4222 | |
| 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>Nov. 2nd, 1950</u> , to <u>Oct. 8, 1951</u> , that I last saw the deceased alive on <u>Oct. 1, 1951</u> , and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>L. S. Lathrop, M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Butler, Mo.</u> | | 23c. DATE SIGNED <u>10-8-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10-8-1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Oct. 8-1951</u> | | REGISTRAR'S SIGNATURE <u>Arnold Kury</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Edna Anderson</u> | | ADDRESS <u>Butler, Mo.</u> | |

RECEIVED OCT 18 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed OCT 18 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

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working under my personal supervision.

Student Embalmer No.

Signed

Robert D. Steinbeck

Signed

Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butte, Md

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.