

FILED JUL 26 1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22466**BIRTH NO. **3532954** REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **4134** Registrar's No. **53**

1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Platte					
b. CITY (If outside corporate limits, write RURAL and give township) Smithville		c. LENGTH OF STAY (In this place) 3 Days		c. CITY (If outside corporate limits, write RURAL and give township) Rural Preston Township 0830		d. STREET ADDRESS (If rural, give location) Smithville 5 Miles North West of			
d. FULL NAME OF HOSPITAL OR INSTITUTION Smithville Community Hosp.				3. NAME OF DECEASED a. (First) Marilyn b. (Middle) Joyce c. (Last) Bruce					
4. DATE OF DEATH July 18, 1954		5. SEX Fe		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married			
8. DATE OF BIRTH May 27, 1954		9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 1 Days 21		IF UNDER 2 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant				10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (State or foreign country) Missouri			
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Luther Bruce		13b. MOTHER'S MAIDEN NAME Bessie Moore			
14. NAME OF HUSBAND OR WIFE None				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME Mrs. Luther Bruce				ADDRESS Smithville, Mo.					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infantia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pending Autopsy Report 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) 083					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 7-15, 1954 , to 7-18, 1954 , that I last saw the deceased alive on 7-17, 1954 , and that death occurred at 2 A m., from the causes and on the date stated above.									
23a. SIGNATURE ER Hobbs				23b. ADDRESS Smithville, Mo		23c. DATE SIGNED 7-18-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-19-54		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Smithville, Missouri			
DATE REC'D BY LOCAL REG. 7-19-54		REGISTRAR'S SIGNATURE Marguerite Hudgins		25. FUNERAL DIRECTOR'S SIGNATURE McComas Funeral Home		ADDRESS Smithville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Donald W. Hanks

Signed.....
Student Embalmer

Licensed Embalmer No. 4528

P. O. Address Smithville, Missouri

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.