

## STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 1 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 4422 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Howard.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howard.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin Mo.</u>	
c. LENGTH OF STAY (In this place) <u>27 yrs</u>		d. STREET ADDRESS (If appl. give location) <u>112 Chancellor Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home.</u>			
3. NAME OF DECEASED a. (First) <u>Whitfield</u> b. (Middle) <u>Scott</u> c. (Last) <u>Bruce.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 10 - 55</u>	
5. SEX <u>male</u> 6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 2 - 1887</u>	9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Conductor.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Conductor</u>	11. BIRTHPLACE (State or foreign country) <u>Monition Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>M.P. Bruce.</u>	13b. MOTHER'S MAIDEN NAME <u>Calpinia Bruce.</u>	14. NAME OF HUSBAND OR WIFE <u>Betty Boone.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Betty Bruce New Franklin</u> ADDRESS _____	
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) <u>INFARCTION OF MYOCARDIUM</u> INTERVAL BETWEEN ONSET AND DEATH <u>RECENT</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> YEARS _____ DUE TO (c) <u>4200</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>AURICULAR FIBRILLATION</u> YEARS _____	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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 _____, 19____, to <u>JUNE 10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>JUNE 10</u> , 19 <u>55</u> , and that death occurred at <u>5:15 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L. H. Hall, M.D.</u> (Degree or title)		23b. ADDRESS <u>329 MAIN ST., BOONVILLE, MO</u>	23c. DATE SIGNED <u>6/14/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 13 - 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant</u>	24d. LOCATION (City, town, or county) (State) <u>New Franklin Mo</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>6-14-55</u> <u>Mary K. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Hall</u> ADDRESS <u>New Franklin</u>	

-(Licensed Embalmer's Statement on Reverse Side)

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

0450

JUL 1 1956

SEP 1 1956

MAR 2 1958

**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 L. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, Va.

**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.