

FILED JUL 27 1955

STANDARD CERTIFICATE OF DEATH

State File No. **23152**

BIRTH NO. **46484-55** REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **135**

1. PLACE OF DEATH a. COUNTY <b>Bolton Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rolla</b>		c. LENGTH OF STAY (in this place) hrs	c. CITY OR TOWN <b>Salem</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Phelps County Memorial</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>XX</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>David</b>	b. (Middle) <b>Melvin</b>	c. (Last) <b>Bruce</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7-14-55</b> <b>July 14, 1955</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>infant</b>	8. DATE OF BIRTH <b>7-14-55</b>	9. AGE (In years last birthday) <b>6</b> <b>30</b> Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Rolla Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S</b>	

13a. FATHER'S NAME <b>Joseph Bruce</b>	13b. MOTHER'S MAIDEN NAME <b>Ann H Smola</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>
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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) <b>No X</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Bruce</b>	ADDRESS <b>Salem Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature birth</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>6 1/2 mo. - weight 2# 3oz</b>		
	DUE TO (c) <b>776x</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **7-14, 1955**, to **7-14, 1955**, that I last saw the deceased alive on **7-14, 1955**, and that death occurred at **2:25 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. W. Stricker M.D.</b> (Degree or title)	23b. ADDRESS <b>Rolla Mo</b>	23c. DATE SIGNED <b>7-18-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>7-16-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cedar Grove Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Salem Mo</b>
DATE REC'D BY LOCAL REG. <b>July 18, 1955</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	580	25. FUNERAL DIRECTOR'S SIGNATURE <b>James Salem Mo</b> ADDRESS

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

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  
\_\_\_\_\_

Licensed Embalmer No. 23

P. O. Address \_\_\_\_\_  
Palm

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.