

FILED APR 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13738

State File No.

BIRTH NO.		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u>		c. LENGTH OF STAY (in this place) <u>2 WKS</u>		c. CITY OR TOWN <u>CARTERVILLE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JANE CHINN HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>128 EAST LEWIS</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BRUCE</u>		b. (Middle) <u>C</u>		c. (Last) <u>DAVID</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 11 1956</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>AUGUST 16, 1939</u>	
9. AGE (In years last birthday) <u>16</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>STUDENT</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FAIR PLAY, MISSOURI</u>	
13a. FATHER'S NAME <u>CECIL B. DAVID</u>			13b. MOTHER'S MAIDEN NAME <u>ELSIE M. FISHER</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CECIL B. DAVID CARTERVILLE, MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE NEPHRITIS</u> ANTECEDENT CAUSES DUE TO (b) <u>AZOTEMIA, AMYLOID DEGENERATION.</u> DUE TO (c) <u>CONGENITAL MALFORMATION FROM</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>O.F. BOTH KIDNEYS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7573</u>					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)			
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>3-29, 1956</u> , to <u>4-11, 1956</u> , that I last saw the deceased alive on <u>4-11, 1956</u> , and that death occurred at <u>11:25 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.P. Keen</u>				23b. ADDRESS <u>80530 1/2 Main St. Joplin</u>		23c. DATE SIGNED <u>4-11-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 14, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CARTERVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CARTERVILLE, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>4-12-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO</u>			

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

RECEIVED APR 16 1956
Jasper County Health Office
County File Number 56-4-322
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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 L. J. Lawrence

Licensed Embalmer No. 456

P. O. Address Webb City

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.