

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21451

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5925 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY <u>Pettis</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) <u>Elk Fork Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Milltown Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>Momentary</u>		d. STREET ADDRESS (If rural, give location) <u>312 West 46 Terrace</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>3 1/2 SE Whiteman A.F. Base</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BRUCE</u>	b. (Middle) <u>TORRENCE</u>	c. (Last) <u>BATHURST</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 9, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Jan. 7, 1926</u>	9. AGE (In years) (last birthday) <u>30</u>	10. UNDER 1 YEAR (Months) (Days)	11. UNDER 1 HR. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Representative</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Life Insurance</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Cecil H. Bathurst</u>	13b. MOTHER'S MAIDEN NAME <u>Occie Virginia Rose</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>1st Lieut. U.S. Naval Res.</u>	16. SOCIAL SECURITY NO. <u>515-14-8960</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clathe, Kans.</u>	ADDRESS <u>U.S. Naval Air Station Records</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic death due to crash of airplane</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>to crash of airplane</u> DUE TO (c) _____ 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) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>39</u> (COUNTY) <u>Pettis</u> (STATE) <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-9-56 3:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>accidental crash of airplane</u>
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22. I hereby certify that I attended the deceased from as Coroner, 10, that I last saw the deceased alive on 10, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clas Jordan Stauffer M.D.</u>	(Degree or title) <u>Coroner Pettis Co. Mo</u>	23b. ADDRESS <u>Coroner Pettis Co. Mo</u>	23c. DATE SIGNED <u>6-10-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>June 10, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cremated</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-10-56</u>	REGISTRAR'S SIGNATURE <u>Kevinia Covert Dwyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Outdeckart Leola, Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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. 527

working under my personal supervision.

Student Clifford Hauge  
Student Embalmer

Signed W. Weckart

Licensed Embalmer No. 3470

P. O. Address Leola, Mo.

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.