24433

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 15 1956

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 3096 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California — Inside Limits Yes X No □
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Latham Sanitarium — Length of stay in 1b 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Knob Noster 0510 1 — Inside Limits Yes □ No X
d. STREET ADDRESS (If outside, give location) Route # 2 — Reside on Farm Yes X No □

3. NAME OF DECEASED (Type or print) First ISAAC Middle ODEN Last BRUCE

4. DATE OF DEATH Month July Day 13 Year 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED □ WIDOWED □ DIVORCED □
8. DATE OF BIRTH Jan. 11, 1888
9. AGE (In years last birthday) 68 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Cooper County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John W. Bruce
14. MOTHER'S MAIDEN NAME Sarah Griffith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Yes Unknown
17. INFORMANT Mrs. Emma Bruce, Knob Noster, Missouri — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of colon — INTERVAL BETWEEN ONSET AND DEATH 18 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 153X
19. WAS AUTOPSY PERFORMED? YES □ NO X

20a. ACCIDENT □ SUICIDE □ HOMICIDE □
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK □ NOT WHILE AT WORK □
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 13, 1954 to July 13, 1956 and last saw ~~him~~ him alive on July 13, 1956
Death occurred at ____ a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Kenyon Latham MD. (Degree or title)
22b. ADDRESS California, Mo
22c. DATE SIGNED 7-13-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 16, 1956
23c. NAME OF CEMETERY OR CREMATORY Crown Hill
23d. LOCATION (City, town, or county) (State) Sedalia, Missouri

24. FUNERAL DIRECTOR D W Keckart — ADDRESS Sedalia, Missouri
25. DATE RECD. BY LOCAL REG. July 15-56
26. REGISTRAR'S SIGNATURE H L Popejoy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 34

P. O. Address Sedalia,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.