Health, Welfare Public Service

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1-57

FILED NOV 26 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043095
STATE FILE NUMBER

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY WAYNE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) PIEDMONT — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ✓ — Length of stay in 1b 2 yr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY WAYNE
c. CITY OR TOWN PIEDMONT — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1110 ✓ — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First HARRY Middle MORTON Last BRUCE

4. DATE OF DEATH Month NOV. Day 13 Year 1958

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH MAR. 27, 1889
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months 7 Days 16 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE WORKER
10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION
11. BIRTHPLACE (City and state or country) KANSAS CITY, MO. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME MORTON BRUCE
13b. MOTHER'S MAIDEN NAME MARGARET SETTLE
14. NAME OF HUSBAND OR WIFE JENNY KELLY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. 498-10-2177
17. INFORMANT HARRY BRUCE JR. Address MANCHESTER MO.

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 min.
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) 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

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 11-13-58, to 11-13-58 and last saw him alive on 11-13-58
Death occurred at 1.40 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. E. Tonney Jr. D 0
22b. ADDRESS Pontiac Jr.
22c. DATE SIGNED 11-13-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE NOV. 16-1958
23c. NAME OF CEMETERY OR CREMATORY MASONIC CEM.
23d. LOCATION (City, town, or county) PIEDMONT (State) MO.

24. FUNERAL DIRECTOR GISH FUNERAL HOME PIEDMONT, MO. ADDRESS M. Bowles
25. DATE RECD. BY LOCAL REG. Nov. 18, 1958
26. REGISTRAR'S SIGNATURE Sheila Lovelace

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

WAYNE CO. HEALTH CENTER
FILE No.

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 ME, Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. H426

P. O. Address Piedmont

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.