...URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-039943
STATE FILE NUMBER

FILED VS NOV 17 1959

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 5246

...MENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 36yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp. — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3821 Paseo Blvd. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Mary — Middle A — Last Bruce
4. DATE OF DEATH: Month Oct. Day 31 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 2 19 81
9. AGE (last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): INDEPENDENCE MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: OLIVER LEAP
13b. MOTHER'S MAIDEN NAME: MARY ANN UNKNOWN
14. NAME OF HUSBAND OR WIFE: LAWRENCE B. BRUSE
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.: NONE
17. INFORMANT: GEORGIA BRUCE — Address: 3821 THE PASEO

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) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive CV. disease — 15 yrs
~~DUE TO (c)~~ Diabetes Mellitus — 20+ yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pulmonary TB & Lt Pneumothorax for 25 yrs.
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
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 1945, to 10-31-59 and last saw her alive on 10-30-59
Death occurred at 2:35 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Frank B. Leitz (Degree or title) MD
22b. ADDRESS: 1530 Paseo Blvd Kansas City Mo
22c. DATE SIGNED: 10-31-59

BY AFFIDAVIT OF Frank B. Leitz

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: NOV 2, 1959
23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEM
23d. LOCATION (City, town, or county) (State): KANSAS CITY, MO.
24. FUNERAL DIRECTOR: D.W. Newcomers Sons — ADDRESS: Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 11-2-59
26. REGISTRAR'S SIGNATURE: Nera Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Norman W. Thorson

Signature of Student Embalmer

Licensed Embalmer No. 4889

P. O. Address H. C., Mo.

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