

FILED FEB 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3923

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5134		Registrar's No. 156	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - Washington		c. LENGTH OF STAY (in this place) 1 1/2 Yrs. 50 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) 0110 OR TOWN Rural - Washington Township 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION: R #3 St. Joseph, Mo.				d. STREET ADDRESS (If rural, give location) R #3. St. Joseph, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Edwin		b. (Middle) Beldon		c. (Last) Bruce		4. DATE OF DEATH (Month) (Day) (Year) February 11, 1951.	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH Nov. 25, 1878	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 6 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman		10b. KIND OF BUSINESS OR INDUSTRY Wholesale Lumber		11. BIRTHPLACE (State or foreign country) Princeton, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J. B. Bruce		13b. MOTHER'S MAIDEN NAME Eleanor Darr		14. NAME OF HUSBAND OR WIFE Mrs. Leona Bruce			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Leona Bruce R#3 St. Joseph, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis 1 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis 5 yrs DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 3/4	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 viewed the deceased on 2/11, 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. F. Mundy, M.D., Coroner				23b. ADDRESS St. Joseph, Mo		23c. DATE SIGNED 2-11-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Febr. 13, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
DATE REC'D BY LOCAL REG. Feb 15, 1951		REGISTRAR'S SIGNATURE Carl C. Cash		25. FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoffer		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0117

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 *****

***** ***** *****

working under my personal supervision.

Student Embalmer No.** ** *

Signed Raymond W. Morehead

Signed ***** ***** ***** *****
Student Embalmer

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri

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.