

FILED JAN 24 1955

STANDARD CERTIFICATE OF DEATH

State File No. 5

BIRTH NO. REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>COOPER</b> 0272		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>COOPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BOONVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BOONVILLE</b> 0272	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>511 10TH ST</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANK</b> b. (Middle) <b>EDWARD</b> c. (Last) <b>BRUCE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 18 55</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>MAR 2 - 1871</b>		9. AGE (In years last birthday) <b>83</b>		10. F UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>ELLEN BRUCE</b>		14. NAME OF HUSBAND OR WIFE <b>ELLEN BRUCE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>511-10TH ST ELLEN BRUCE</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerotic heart disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>	
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) m.		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 attended the deceased from **1-11-55**, 19**55**, to **1-15-55**, 19**55**, that I last saw the deceased alive on **1-11-55**, 19**55**, and that death occurred at **12:58** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>B. M. Stuart, M.D.</b>		23b. ADDRESS <b>329 Main, Boonville, Mo.</b>		23c. DATE SIGNED <b>1-17-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN 19, 55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CITY CEMETERY</b>	
		24d. LOCATION (City, town, or county) <b>BOONVILLE</b>		(State) <b>MO</b>	

DATE REC'D BY LOCAL REG. <b>1/18/54</b>		REGISTRAR'S SIGNATURE <b>D. Cooper 381</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Stuart Parker Columbia Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*Edward P. Parker*

Licensed Embalmer No. 2900

P. O. Address Columbia, Md.

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.