THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36361

FILED NOV 25 1955

BIRTH NO. _____ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5793 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY: COOPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WOOLDRIDGE, MO.
c. LENGTH OF STAY (in this place): 70 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WOOLDRIDGE MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MONITEAU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (RURAL) LINN 0680
d. STREET ADDRESS (If rural, give location): WOOLDRIDGE, MO.

3. NAME OF DECEASED (Type or Print)
a. (First): RUSSELL
b. (Middle): TRUMAN
c. (Last): BRUCE

4. DATE OF DEATH (Month) (Day) (Year): NOV. 14 - 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: MAY 16 - 1906
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months 5, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM HAND
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and State or Foreign Country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S

13a. FATHER'S NAME: HOGAN BRUCE
13b. MOTHER'S MAIDEN NAME: ELIZEBETH BRUCE
14. NAME OF HUSBAND OR WIFE: SINGLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Gerald D. Bruce B&4 Wooldridge 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): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Encephalitis Lethargica — 15 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
0833

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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): Rural (Linn) Moniteau Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1953, *to* Nov. 14, 1955, *that I last saw the deceased alive on* Nov. 14, 1955, *and that death occurred at* 5:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. J. Bannon D.O.
23b. ADDRESS: California
23c. DATE SIGNED: 11/15/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV. 16 1955
24c. NAME OF CEMETERY OR CREMATORY: COPPS CHAPPEL
24d. LOCATION (City, town, or county) (State): WOOLDRIDGE MO

DATE REC'D BY LOCAL REG.: 11/17/55
REGISTRAR'S SIGNATURE: H. L. Popejoy
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C. Albert Hornbeck Prairie Home Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed E. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.