

STANDARD CERTIFICATE OF DEATH

44685
STATE FILE NUMBER
5568

FILED JAN 22 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

| | | | | | | | | | | | |
|--|----------------------------------|---|--|---|--|---|---|---|------------------|-------|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLAY | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN KANSAS CITY NORTH | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL | | | Length of stay in lb 10 yds | d. STREET ADDRESS (If outside, give location) 3531 NORTH OAK | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| 3. NAME OF DECEASED (Type or print) EVERETT MADISON BRUCE | | | | First | Middle | Last | 4. DATE OF DEATH DEC-24-1956 | | | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH OCT-13-1901 | | 9. AGE (In years last birthday) 55 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MOTEL MANAGER | | | 10b. KIND OF BUSINESS OR INDUSTRY SKY-LINE MOTEL | | 11. BIRTHPLACE (City and state or country) PITTMAN CO. MO. | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13. FATHER'S NAME JOHN BRUCE | | | | 14. MOTHER'S MAIDEN NAME LAURA | | | | | | | |
| 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. 497-14-5915 | | 17. INFORMANT BARBARA BRUCE | | | Address 3531 NORTH OAK K.C. MO. | | | |
| 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 Occlusion | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | DUE TO (b) previous Coronary Occlusion | | | | | 2 yr | | | |
| | | | DUE TO (c) Occlusion (Twice) | | | | | 1 yr. | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cholelithiasis | | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 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. | | | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 1950. to 12-24-56 and last saw her/him alive on 12-23-56 Death occurred at 11:35 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | | | |
| 22a. SIGNATURE <i>James W. Willoughby M.D.</i> | | | | (Date for title) | | 22b. ADDRESS Kansas City, Mo. | | | 22c. DATE SIGNED | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE DEC-26-1956 | 23c. NAME OF CEMETERY OR CREMATORY | | | 23d. LOCATION (City, town, or county) | | | (State) UNIONVILLE MISSOURI | | | |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS | | | | ADDRESS 1331 BRUSH CREEK KANSAS CITY MO. | | 25. DATE RECD. BY LOCAL REG. 12-24-56 | | 26. REGISTRAR'S SIGNATURE <i>Neal Marshall</i> | | | |

Doctor, coroner, etc. must use only standard form. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
James W. Willoughby M. D.

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.....
Signature of Student Embalmer

Signed *Richard L. Rogers*.....

Licensed Embalmer No. 495

P. O. Address *K.C. Mo.*.....

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