

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-043618

State File No.

FILED JAN 6 1959

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 177

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

| | | | |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>COOPER</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>COOPER</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>BOONVILLE</u> | | c. LENGTH OF STAY (in this place) <u>3 Wks</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) <u>BOONVILLE</u> | | d. STREET ADDRESS (If rural, give location) <u>1205 S. MAIN ST</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOSEPH HOSPITAL</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>QUINCY</u> b. (Middle) <u>—</u> c. (Last) <u>BRUCE</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 24 58</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>NEGRO</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>NOV-24-1883</u> |
| 9. AGE (In years last birthday) <u>75</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PORTER</u> | 11. BIRTHPLACE (State or foreign country) <u>Mo</u> |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>UNKNOWN</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>ANNA BRUCE</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>?</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Anna Bruce</u> | | ADDRESS <u>1205 Main</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES <u>Arteriosclerosis</u> | |
| Morbidity 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 <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? <u>2</u> 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) <u>334x</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 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 <u>June 1958</u> to <u>Dec 24, 1958</u> , that I last saw the deceased alive on <u>Dec 24, 1958</u> , and that death occurred at <u>8:30 P. M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>W. Deekroeger M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Boonville Mo</u> | |
| 23c. DATE SIGNED <u>Dec 29 58</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>DEC 29 58</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u> | | 24d. LOCATION (City, town, or county) (State) <u>BOONVILLE Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>12/29/58</u> | | REGISTRAR'S SIGNATURE <u>W. Hooper</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. MAY</u> | | ADDRESS <u>814 S. PORTER Boonville Mo</u> | |

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 *George H. Green* _____

Licensed Embalmer No. *4220* _____

P. O. Address *Marshall* _____

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.