

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS MAR 11 1960

-60-006175

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1224 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 1 1/2 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6227 Montgall			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6227 Montgall		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First WILLIAM Middle TONY Last BRUCE				4. DATE OF DEATH Month 2 Day 29 Year 60									
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 1-5-02		9. AGE (last birthday) 58		IF UNDER 1 YEAR Months Days Hours		IF UNDER 24 HR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marble Mason				10b. KIND OF BUSINESS OR INDUSTRY Marble Setting		11. BIRTHPLACE (City and state or country) Saint Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Guy Albert Bruce				13b. MOTHER'S MAIDEN NAME Anna Louise Aman				14. NAME OF HUSBAND OR WIFE Jessie B. Bruce					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 498-07-4937		17. INFORMANT Address K.C., MO Mrs. Jessie B. Bruce: 6227 Montgall							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema										INTERVAL BETWEEN ONSET AND DEATH 12 hrs			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of													
DUE TO (c) Carcinoma of Lung										4 hrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.		Month, Day, Year											
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 9/11/59 to 2/29/60 and last saw her/him alive on 2/28/60 Death occurred at Apex, Missouri m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Robert C. Mc Clanahan M.D.						22b. ADDRESS 820 Jefferson St. St. Louis			22c. DATE SIGNED 3-1-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-30-60		23c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery		23d. LOCATION (City, town, or County) Saint Louis Missouri							
24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES(S) K.C., MO.				25. DATE RECD. BY LOCAL REG. 3-1-60		26. REGISTRAR'S SIGNATURE Neva Minshall							

DOCUMENT

BY AFFIDAVIT OF Robert C. Mc Clanahan, M.D. MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. E. Weikert

Licensed Embalmer No. 4075

P. O. Address 208, Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.