MO DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960

60-010240

STATE FILE NUMBER

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN El Dorado Springs — Length of stay in 1b: 40 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home, 110 Hightower — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cedar
c. CITY OR TOWN El Dorado Springs — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 110 Hightower St — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Levi Middle Robert Last Bruce

4. DATE OF DEATH: Month April Day 3 Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-17-1879
9. AGE (Last birthday): 81
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Barber
10b. KIND OF BUSINESS OR INDUSTRY: Self-
11. BIRTHPLACE (City and state or country): Cass Co. Mo.
12. CITIZEN OF WHAT COUNTRY:

13a. FATHER'S NAME: Robert Bruce
13b. MOTHER'S MAIDEN NAME: Sallie Hawkins
14. NAME OF HUSBAND OR WIFE: Delphia Bruce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 500-36-5741
17. INFORMANT: Delphia Bruce Address: El Dorado Spgs

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral vascular accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Three previous Cerebral vascular accidents

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1958 to present and last saw ~~XXX~~ him alive on 4-2-60
Death occurred at 9:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert L. Magee (Degree or title) M.D.
22b. ADDRESS: Robert L. Magee, M. D. El Dorado Springs, Missouri
22c. DATE SIGNED: 4-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-5-60
23c. NAME OF CEMETERY OR CREMATORY: El Dorado Springs
23d. LOCATION (City, town, or county) (State): El Dorado Springs Mo.

24. FUNERAL DIRECTOR: Gwinn-Carathers El Dorado Spgs ADDRESS
25. DATE RECD. BY LOCAL REG.: Apr. 5-60
26. REGISTRAR'S SIGNATURE: Ruth M. Nafus

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MAY 18 1960

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 Floyd E. Carothers

Licensed Embalmer No. 4419

P. O. Address El Dorado

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