

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022692

FILED VS JUL 5 1960

82

Primary Registration District No. 3017

Registrar's No. 97

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>COOPER</b>				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>COOPER</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BOONVILLE</b>		Length of stay in 1b <b>life</b>		c. CITY OR TOWN <b>BOONVILLE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOSEPH HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>GEN DEL</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>HENRY</b> Last <b>BRUCE</b>				4. DATE OF DEATH Month <b>JUNE</b> Day <b>24</b> Year <b>1960</b>					
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>JUNE 6 1906</b>		9. AGE (last birthday) <b>54</b> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>BOONVILLE MO</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>FRANK BRUCE</b>			13b. MOTHER'S MAIDEN NAME <b>ELLEN PATTERSON</b>			14. NAME OF HUSBAND OR WIFE <b>MYRTLE BRUCE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>			16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT <b>JAMES H. BRUCE GENDEL BOONVILLE</b> Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ARTERIOSCLEROTIC HEART DISEASE WITH DECOMENSATION</b>								INTERVAL BETWEEN ONSET AND DEATH <b>WEEKS</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>GENERALIZED ARTEROSCLEROSIS.</b>							
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1. PULMONARY TUBERCULOSIS, ARRESTED, &amp; UREMIA.</b>						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 Month, Day, Year 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 <b>JUNE 19, 1960</b> to <b>JUNE 24, 1960</b> and last saw <sup>her</sup> him alive on <b>6/23/60</b> Death occurred at <b>6:40 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>D. Hooper, M.D.</b> (Degree or title)				22b. ADDRESS <b>329 MAIN ST., Boonville, Mo</b>				22c. DATE SIGNED <b>6/27/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JUNE 27, 60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>CLARK FORT</b>		23d. LOCATION (City, town, or county) (State) <b>CLARK FORT MO</b>			
24. FUNERAL DIRECTOR <b>H-MAY &amp; SPOSTER</b> ADDRESS <b>BOONVILLE</b>				25. DATE RECD. BY LOCAL REG. <b>6/28/60</b>		26. REGISTRAR'S SIGNATURE <b>D. Hooper</b>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George J. [Signature]

Licensed Embalmer No. 442  
P. O. Address Columbus

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