URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS OCT 11 1960

-60-035328

STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 5608 Registrar's No. 43

NDED

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Route (Madison twp) — Length of stay in 1b: 64 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. Holden, Mo. — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Holden — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route #2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First DANIEL Middle HENRY Last BRUCH
4. DATE OF DEATH: Month September Day 29 Year 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/11/1896
9. AGE (last birthday): 64 — 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): farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (City and state or country): Johnson Co, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Theodore Anthony Bruch
13b. MOTHER'S MAIDEN NAME: Rosa Mary Feldman
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. #1
16. SOCIAL SECURITY NO.: 489-30-6428
17. INFORMANT: Madeline Damico, Kansas City, Mo. — Address

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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)
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kelly Rawlins M.D.
22b. ADDRESS Holden Mo
22c. DATE SIGNED 10/3/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/4/1960
23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery
23d. LOCATION (City, town, or county) (State) Holden, Missouri.

24. FUNERAL DIRECTOR ADDRESS Canaday & Ropp, Holden, Mo.
25. DATE RECD. BY LOCAL REG. 10-3-60
26. REGISTRAR'S SIGNATURE Mrs G D Redford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3434

P. O. Address Holden, M

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