

CERTIFICATE OF DEATH

124

68 0036240

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 102

DO NOT WRITE
ON THIS STUB

9. 0
10a. 85
10b.
11. 0
12. 2
13. 4123
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

4. 0275

5. 1

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED, IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 0680

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. ALFRED B. BRUCE					2. M	3. SEPT. 7, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—(LAST BIRTHDAY) YEARS	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 85	5b. MOS.	5c. DAYS	6. SEPT. 7, 1968		7a. Cooper
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS SPECIFY YES OR NO		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
8. Boonville		7c. YES		7d. ST. JOSEPH HOSP.			
STATE OF BIRTH (IF NOT IN U.S.A., NAME & COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. U.S.A.		10. WIDOWED		11. Deceased	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 499-42-4253A		13. FARMER		13b. Retired			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		
14a. Missouri		14b. Monroe	14c. Jamestown		14d. No		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Coleman M. Bruce					16. Eliza Deethenage		
INFORMANT—NAME				MAILING ADDRESS			
17a. R.S. Bruce				17b. Mendel, Jamestown, MO.			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]							
18. IMMEDIATE CAUSE							
(a) Congestive Heart Failure							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) arteriosclerotic Heart Disease							
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST							
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)	
						19. No	
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (YES OR NO)						20. No	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
21a.		21b.		21c.	21d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		(STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
22a.		22b.		22c.		22d.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH	DAY	YEAR	MONTH	DAY	YEAR
23a. 9-6-68		23b. 9-7-68	23c. 9-7-68	23d. 9-7-68	23e. 9-7-68	23f. 9-7-68	23g. 9-7-68
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
24a.		24b.		24c.		24d.	
CERTIFIER (NAME TYPE OR PRINT)		SIGNATURE		DEGREE OF TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
25a. T.C. Beckett MD		25b. T.C. Beckett MD		25c. MD		25d. 9-8-68	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
26a. 319 1/2 main st		26b. Boonville		26c. Mo		26d. 62233	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	
27a. Burial		27b. City Cemetery		27c. California, MO.		27d. MO.	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		DATE RECEIVED BY LOCAL REGISTRAR	
28a. SEPT. 9, 1968		28b. Williams Funeral Home, California, MO.		28c. 65018		28d. SEPT. 9-68	
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
29a. George A. Woodard		29b. [Signature]		29c. [Signature]		29d. [Signature]	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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 _____
Signature of Student Embalmer

Signed Walter A. Woodard

Licensed Embalmer No. 5172

P. O. Address Calif., M. B.

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.