

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36361

State File No.

FILED NOV 25 1955

BIRTH NO. _____ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5793 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>COOPER</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WOOLDRIDGE Mo. Today</u> c. LENGTH OF STAY (In the place) <u>Today</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WOOLDRIDGE Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>(RURAL) LINN</u> <u>2680</u> d. STREET ADDRESS (If rural, give location) <u>WOOLDRIDGE, Mo.</u>	
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3. NAME OF DECEASED (Type or Print) <u>RUSSELL TURKMAN</u>	a. (First) _____ b. (Middle) _____ c. (Last) <u>BRUCE</u>	4. DATE OF DEATH <u>Nov. 14 - 1955</u> (Month) (Day) (Year)
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MAY 16 - 1906</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>28</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM HAND</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>
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12. COUNTRY OF WHAT COUNTRY? <u>U.S.</u>	13a. FATHER'S NAME <u>HAGAN BRUCE</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BRUCE</u>
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14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>
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17. INFORMANT'S SIGNATURE OR NAME <u>Harold Bruce 874 Wooldridge Mo</u>	ADDRESS _____	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>of Meninge</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 years</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Encephalitis Lethargica</u>		
DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>0833</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural Linn) Moniteau Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Aug 1, 1953 to Nov. 14, 1955, that I last saw the deceased alive on Nov. 14, 1955, and that death occurred at 5:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. A. Brown D.O.</u> (Degree or title)	23b. ADDRESS <u>California</u>	23c. DATE SIGNED <u>11/15/55</u>
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24a. BURIAL (CREMATION) REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov. 16 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>COPPS CHAPPEL</u>	24d. LOCATION (City, town, or county) (State) <u>WOOLDRIDGE Mo</u>
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DATE RECD BY LOCAL REG. <u>11/17/55</u>	REGISTRAR'S SIGNATURE <u>L. R. Popejoy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. Albert Hornbeck Prairie Home Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed *To. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Prairie Home*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.