

# STANDARD CERTIFICATE OF DEATH

State File No. **38557**Registrar's No. **5058**

BIRTH NO. <b>FILED DEC 6 1952</b>		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>5058</b>			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>2 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>General Hospital No. 1</b>				d. STREET ADDRESS (If rural, give location) <b>1913 Indiana</b>					
3. NAME OF DECEASED a. (First) <b>Wayne</b>		b. (Middle) <b>A.</b>		c. (Last) <b>Bruce</b>		4. DATE OF DEATH (Month) <b>11</b> (Day) <b>18</b> (Year) <b>52</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>9-8-01</b>		9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>		11. BIRTHPLACE (State or foreign country) <b>Woolridge Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>L.M. BRUCE</b>		13b. MOTHER'S MAIDEN NAME <b>Millie MOORE</b>		14. NAME OF HUSBAND OR WIFE <b>Willie Bruce</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Willie Bruce</b> ADDRESS <b>1913 Indiana Ave</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac hypertrophy and acute dilatation</b>  ANTECEDENT CAUSES <b>old rheumatic heart disease</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Infarcts of lung, spleen and kidney</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>4 1/2 hrs</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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)					
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?					
22. I hereby certify that I attended the deceased from <b>Oct. 23, 1952</b> , to <b>Nov. 18, 1952</b> , that I last saw the deceased alive on <b>Nov. 18, 1952</b> , and that death occurred at <b>12:10 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Edward H. Stratemeier</b> (Degree or title) <i>Edward H. Stratemeier M.D.</i>				23b. ADDRESS <b>24th &amp; Cherry</b>		23c. DATE SIGNED <b>-11-18-52</b>			
24a. BURIAL CREMATION-REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/18/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Prairie Home Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Prairie Home MO</b>			
DATE REC'D BY LOCAL REG <b>11-19-52</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.H. Newcomer</b> ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO</b>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Charles H. Stickney*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4560

P. O. Address KE mo

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