

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16023

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 66

272  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper.	
b. CITY (If outside corporate limits, write RURAL and give township) Boonville	c. LENGTH OF STAY (in this place) 2 Weeks	c. CITY (If outside corporate limits, write RURAL and give township) Boonville 0272	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alex VanRavenswaay Hospital.		d. STREET ADDRESS (If rural, give location) 801 Sixth St. 0	

3. NAME OF DECEASED (Type or Print) Charles	a. (First)	b. (Middle) T.	c. (Last) Bruce	4. DATE OF DEATH June 6 1951	(Month)	(Day)	(Year)
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH January 4 <sup>th</sup> 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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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 (State or foreign country) Moniteau County, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME D. T. Bruce	13b. MOTHER'S MAIDEN NAME Ella Reimler	14. NAME OF HUSBAND OR WIFE ????
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 496-16-5886	17. INFORMANT'S SIGNATURE OR NAME Mrs. H. H. Wooldridge, Boonville, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolus		INTERVAL BETWEEN ONSET AND DEATH 5 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis		
	DUE TO (c) Operation for upper torso ulcer of the stomach		5411
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION June 1-51	19b. MAJOR FINDINGS OF OPERATION Perforated duodenal ulcer.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 May 30, 1951, to June 6, 1951, that I last saw the deceased alive on June 5, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Othello Lawrence Curry M.D.	(Degree or title)	23b. ADDRESS Boonville, Mo.	23c. DATE SIGNED June 6, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 7th, 1951	24c. NAME OF CEMETERY OR CREMATORY Hickam Cemetery	24d. LOCATION (City, town, or county) (State) Moniteau County, Missouri.
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DATE REC'D BY LOCAL REG. 6-6-51	REGISTRAR'S SIGNATURE D. Cooper 381	25. FUNERAL DIRECTOR'S SIGNATURE Lockman, H. H. Boonville Mo.	ADDRESS
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RECEIVED 6-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 6-9-51 .....

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.....  
Student Embalmer

Signed G. F. Boller .....

Licensed Embalmer No. 3067 .....

P. O. Address Boonville, 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.