No. 300
10.48

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11243

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 45/4 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Green City
c. LENGTH OF STAY (In this place): 4 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Green City, Mo., ~~Buchanan~~
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): William
c. (Last): Rouse

4. DATE OF DEATH (Month) Mar (Day) 24, (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 1, 1862
9. AGE (In years last birthday): 87
If under 1 year: Months 2, Days 24
If under 24 hrs.: 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: Retiref Farmer
11. BIRTHPLACE (State or foreign country): Macon Co., Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Harry Rouse
13b. MOTHER'S MAIDEN NAME: Louise Liley
14. NAME OF HUSBAND OR WIFE: Elizabeth Rouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Neal Rouse
ADDRESS: Green City, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart disease & Age

ANTECEDENT CAUSES

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1949, to Mch 24, 1949, that I last saw the deceased alive on Mch 24, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: M Herrington MD (Degree or title) D
23b. ADDRESS: Green City Mo
23c. DATE SIGNED: March 25 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH 28, 1949
24c. NAME OF CEMETERY OR CREMATORY: PENVILLE CEMETERY
24d. LOCATION (City, town, or county): SULLIVAN Co.
(State): MO.

DATE REC'D BY LOCAL REG.: April 2, 1949
REGISTRAR'S SIGNATURE: Laura Catlett 415 D
25. FUNERAL DIRECTOR'S SIGNATURE: Glenn E. Kent & Son
ADDRESS: Green City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No
District File Number 4-49
Date Filed APR 5 - 1949

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 Karl R. Kent Student Embalmer No. 243 working under my personal supervision.

Signed Archie W. Wade

Signed Karl R. Kent
Student Embalmer

Licensed Embalmer No. 3037

P. O. Address Greenfield, Ind.

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.