

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

26527

State File No. _____

No. 300
10-48

FILED AUG 31 1949

BIRTH NO. _____ REG. DIST. NO. 29 PRIMARY REG. DIST. NO. 6377 Registrar's No. 36

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Dekalb	b. CITY (If outside corporate limits, write RURAL and give township) Fairport	a. STATE No.	b. COUNTY Dekalb
c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Fairport	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) George	b. (Middle) Riley	c. (Last) Rousey	(Month) Aug	(Day) 1	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 14, 1863	9. AGE (In years last birthday) 86	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Mo.	

13a. FATHER'S NAME Michael Rousey	13b. MOTHER'S MAIDEN NAME Rachel Silvers	14. NAME OF HUSBAND OR WIFE None
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Homer Hill	ADDRESS Mayville 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			351X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

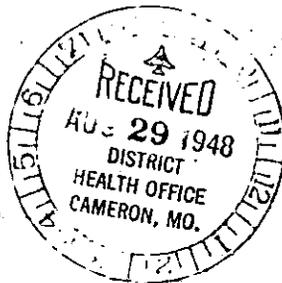
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1949, to Sept 1, 1949 that I last saw the deceased alive on Aug 1, 1949, and that death occurred at 2 a.m. from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. David Fowler D.D.</i>	(Degree or title)	23b. ADDRESS <i>Mayville</i>	23c. DATE SIGNED <i>8-10-49</i>
---	-------------------	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 3, 1949	24c. NAME OF CEMETERY OR CREMATORY Fairport	24d. LOCATION (City, town, or county) (State) Fairport Mo.
---	---	--	---

DATE REC'D BY LOCAL REG. <i>8-10-49</i>	REGISTRAR'S SIGNATURE <i>Robert Sanders</i>	82	25. FUNERAL DIRECTOR'S SIGNATURE <i>John Beom</i>	ADDRESS Mayville Mo.
---	---	-----------	---	---------------------------------------



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 John Brown
Licensed Embalmer No. 3933

P. O. Address Waynesville, 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.