

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30544

State File No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3756

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>41 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5518 EAST 30TH STREET TERRACE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>			
3. NAME OF DECEASED a. (First) <u>ERNEST</u>		b. (Middle) <u>F</u>	
c. (Last) <u>ROUSSELLOT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. - 30 - 1949</u>	
5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MAY - 8 - 1893</u>		9. AGE (In years last birthday) <u>56</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NATIONAL Biscuit Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>COUNCIL GROVE, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JOSEPH B. Rousselot</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA ALLISON</u>	
14. NAME OF HUSBAND OR WIFE <u>LAURA ROUSSELLOT</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>487-09-5138</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LAURA ROUSSELLOT</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dissecting aneurysm of entire aorta with rupture into pericardial sac.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(none)</u> DUE TO (c) <u>451 X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) (Min.)		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 <u>Sept. 1, 1949</u> , to <u>Aug. 31, 1949</u> , that I last saw the deceased alive on <u>Aug. 31, 1949</u> , and that death occurred at <u>7:40 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>F. P. Niedermeyer</u> (Degree or title)		23b. ADDRESS <u>5910 Mc Gee St. C.C., Mo.</u>	
23c. DATE SIGNED <u>Aug. 31, 1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>SEPT. 1, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Son</u>	
DATE REC'D BY LOCAL REG. <u>8-31-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>1331 BRUSH CREEK BLVD KANSAS CITY, MO</u>			

(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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed

Robert Ray

Licensed Embalmer No.

4182

P. O. Address

Kansas City, 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.