

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33698**
4519

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City			c. LENGTH OF STAY (In this place) 15 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City			d. STREET ADDRESS 3604 Paseo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3604 Paseo				d. STREET ADDRESS 3604 Paseo				
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		b. (Middle) ALLAN		c. (Last) ROUSE		4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1950		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 14, 1887	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Agent		10b. KIND OF BUSINESS OR INDUSTRY RR		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William R. Rouse			13b. MOTHER'S MAIDEN NAME Luella Edwardson		14. NAME OF HUSBAND OR WIFE Eula Rouse			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. E. A. Rouse, Jr., 7721 Oak St., K.C., 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Coronary artery disease DUE TO (c) Myocardial infarction II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 hrs 1 year 4 year 4201	
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) no		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 <u>10-27-50</u> to <u>10-24-50</u> , that I last saw the deceased alive on <u>10-24-50</u> , 19 <u>50</u> , and that death occurred at <u>10</u> m., from the causes and on the date stated above.								
23a. SIGNATURE W. P. Miller MD				23b. ADDRESS 800 Argyle Bldg		23c. DATE SIGNED 10-25-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/26/50	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Texarkana, Arkansas			
DATE REC'D BY LOCAL REG. 10-26-50		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.				

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

Dr. W. P. Miller
Argyle Bldg.
Vic 9878

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 Joseph McCarty
Licensed Embalmer No. 4696

P. O. Address 12 E 1st

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.