

FILED APR 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13171

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4281 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Canton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Canton</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>112 North 4th. st.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>112 North 4th st.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harry</u>	b. (Middle) <u>Seaman</u>	c. (Last) <u>Rouse</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1951</u>
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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>Aug. 2, 1867</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attorney at Law</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Deer Ridge, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James M. Rouse</u>	13b. MOTHER'S MAIDEN NAME <u>Hulda Seaman</u>	14. NAME OF HUSBAND OR WIFE <u>Lola K. Ellison</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H.S. Rouse</u>	ADDRESS <u>Canton, Mo.,</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 HRS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Sept. 14, 1951 to Apr. 8, 1951, that I last saw the deceased alive on Apr. 8, 1951, and that death occurred at 8:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. W. Jennings M.D.</u> (Degree or title)	23b. ADDRESS <u>Canton, Mo.</u>	23c. DATE SIGNED <u>4-14-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 12, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forrest Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Canton, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4/14/51</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>	FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Hubley</u>	ADDRESS <u>Canton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

050  
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Date Received: APR 19 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 4-57-75'2  
Date Filed: APR 19 1951

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 *Earl H. Buckley* .....

Licensed Embalmer No. *2615* .....

P. O. Address *Lawton, Okla.* .....

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.