

FILED JUN 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. 19590
Registrar's No. 163

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Boone</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Sultan</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Columbia 0105</i>	
c. LENGTH OF STAY (in this place) <i>1 mo</i>		d. STREET ADDRESS (If rural, give location) <i>505 Rodgers St</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Shast Nursing Home</i>			

3. NAME OF DECEASED a. (First) <i>Hellie Virginia</i> b. (Middle) _____ c. (Last) <i>Rouse</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 16 1951</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed 2</i>	8. DATE OF BIRTH <i>July 11, 1882</i>	9. AGE (In years last birthday) <i>68</i>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HOURS Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Madisonville Ky</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>James Madlington</i>	13b. MOTHER'S MAIDEN NAME <i>Martha O'Brien</i>	14. NAME OF HUSBAND OR WIFE <i>Marion Rouse</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & date of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>W. A. Sleet</i> ADDRESS <i>Columbia</i>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Septicemia</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio sclerosis</i> DUE TO (c) _____		
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 <i>4/46 X</i>	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 *May 28, 1951*, to *June 16, 1951*, that I last saw the deceased alive on *June 10, 1951*, and that death occurred at *3:45 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>W. A. Sleet</i> (Degree or title) <i>MD</i>	23b. ADDRESS <i>Fulton MO</i>	23c. DATE SIGNED <i>6-16-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>6-18-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Columbia</i>	24d. LOCATION (City, town, or county) (State) <i>Columbia, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>June 16-1951</i>	REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>	420	25. FUNERAL DIRECTOR'S SIGNATURE <i>A. O. Miller</i> ADDRESS <i>Columbia Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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