

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25893

State File No. ....

FILED AUG 1 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 59

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>SHELBY</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>RALLS</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>SHELBYNA</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL Saline Township.</b>  |  |
| c. LENGTH OF STAY (in this place) <b>8 months</b>                                    |  | d. STREET ADDRESS (If rural, give location) <b>MONROE CITY, RFD #2</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MARTINS Rest Home.</b>                    |  |   |  |

|   |                               |  |  |   |  |
|---|-------------------------------|--|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>JACKSON</b> b. (Middle) <b>WESLEY</b> c. (Last) <b>ROUSE</b> |                               |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 23 1951</b>              |   |  |
| 5. SEX <b>MALE</b>  | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED.</b> | 8. DATE OF BIRTH <b>MARCH 6-1865</b>                                   | 9. AGE (In years last birthday) <b>86</b> | IF UNDER 1 YEAR Days <b>4</b> Hours <b>17</b> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (Ret)</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>                       | 11. BIRTHPLACE (State or foreign country) <b>RALLS County MISSOURI</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>         |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME <b>ROBERT W. ROUSE</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>ELIZABETH SCOBEE</b> |  | 14. NAME OF HUSBAND OR WIFE <b>ADA ROUSE</b>                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO. <b>None</b>               |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Ada Rouse</b> ADDRESS <b>Monroe City Mo</b> |  |

|  |  |   |  |  |                                  |
|--|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION   |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho-pneumonia</b>  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |                                  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.               |  |  |                                  |
|  |  | DUE TO (b) <b>arterio sclerotic heart disease</b>   |  |  |                                  |
|  |  | DUE TO (c) <b>Hypertension</b>  |  |  |                                  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 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) |  | 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 July 6, 1951, to July 23, 1951, that I last saw the deceased alive on July 22, 1951, and that death occurred at 3:55 p.m., from the causes and on the date stated above.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 23a. SIGNATURE <b>D. Joseph H. Tomer</b> (Degree or title) <b>D.O.</b>    |  | 23b. ADDRESS <b>Shelbyna Mo.</b>   |  | 23c. DATE SIGNED <b>7/26/51</b>                               |  |
| 24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>                     |  | 24b. DATE <b>7-24-1951</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>ST. JUDES Cemetery.</b> |  |
| 24d. LOCATION (City, town, or county) (State) <b>Monroe City Missouri</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>WILSON &amp; SONS</b> ADDRESS <b>MONROE CITY MO.</b> |  |   |  |
| DATE REC'D BY LOCAL REG. <b>7-26-51</b>                                   |  | REGISTRAR'S SIGNATURE <b>Ada Garrison</b> <b>419</b>                                     |  |   |  |

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

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Date Received: JUL 30 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 757-1352  
Date Filed: JUL 30 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 JM

working under my personal supervision.

Student Embalmer No. ....

Signed Leslie L. Hulsey

Signed.....  
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Monroe City 744

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.