

## STANDARD CERTIFICATE OF DEATH

State File No. 17305

FILED JUN 2 1952		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 5804		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY <b>MONROE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>RURAL-JACKSON</b>		c. LENGTH OF STAY (in this place) <b>34 MONTHS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>MONROE CITY 06701</b>		d. STREET ADDRESS (If rural, give location) <b>4</b>	
d. FULL NAME OF 'HOSPITAL OR INSTITUTION <b>PLEASANT REST HOME</b>							
3. NAME OF DECEASED a. (First) <b>JESSE</b>			b. (Middle) <b>ARMSTRONG ROUSE</b>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>5-28-52</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>AUG. 29, 1863</b>		9. AGE (in years last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>29</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GEN. FARMING</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>JACKSON ROUSE</b>		13b. MOTHER'S MAIDEN NAME <b>SUSAN JONES</b>		14. NAME OF HUSBAND OR WIFE <b>MARY MIDD ROUSE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>L. P. MIDDLETON, MONROE CITY, Mo.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio-sclerosis</b>				<b>2 1/2</b>	
		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: <b>4221</b>				20. AUTOPSY? YES <input 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)		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 <b>March 10, 1952</b> to <b>May 27, 1952</b> , that I last saw the deceased alive on <b>May 27, 1952</b> , and that death occurred at <b>8:40 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. H. Buppell M.D.</b>				23b. ADDRESS <b>2221</b>		23c. DATE SIGNED <b>5-28-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>5-31-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>DE MOSS CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>RALLS CO., MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>5-28-52</b>		REGISTRAR'S SIGNATURE <b>J. B. Darned M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WILSON &amp; SONS, MONROE CITY, MISSOURI</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

1690  
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**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 \_\_\_\_\_

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.