U.S. No. 300
Rev. 10.48

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

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28266

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3181

1. PLACE OF DEATH
a. COUNTY: Jackson O
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 32 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3828
d. STREET ADDRESS (If rural, give location): 449 East 62 Street

3. NAME OF DECEASED (Type or Print)
a. (First): Hettie
b. (Middle): Bertha
c. (Last): Rouse

4. DATE OF DEATH (Month) (Day) (Year): July 11 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married, W
8. DATE OF BIRTH: Nov 16-1870
9. AGE (In years last birthday): 81 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): Grantham England
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Urban Bamber
13b. MOTHER'S MAIDEN NAME: Ellen Lenton
14. NAME OF HUSBAND OR WIFE: Charles E. Rouse
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mr Chas. E. Rouse — ADDRESS: 449 E. 62, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Uremia — 9 days
DUE TO (c): Cerebral Thrombosis (Secondary to Fall) — 13 days

II. OTHER SIGNIFICANT CONDITIONS: Generalized Arteriosclerosis — Unknown
Conditions contributing to the death but not related to the disease or condition causing death. Degeneration of Basal Ganglia & Lenticular Nucleus. — Unknown

19a. DATE OF OPERATION: 6-24-52
19b. MAJOR FINDINGS OF OPERATION: Fracture of Left Humerus E.9006 21
20. AUTOPSY? YES ☒ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) 123 (COUNTY) (STATE): Kansas City 1. Jackson Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 25 52 7 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell down steps

22. *I hereby certify that I attended the deceased from* 6-25, 1952, *to* 7-11-, 1952, *that I last saw the deceased alive on* 7-11-, 1952, *and that death occurred at* 4:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. B. Wright, D.O. (Degree or title): D.O.
23b. ADDRESS: 926 E. 11th St. K.C. Mo.
23c. DATE SIGNED: 7-12-52
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 14, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mount Muncie Cemetery
24d. LOCATION (City, town, or county) (State): Leavenworth Kansas
DATE REC'D BY LOCAL REG.: 7-14-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D.W. Newcomer's Sons — ADDRESS: Kansas City 26

(Licensed Embalmer's Statement on Reverse Side)

Osteopathic Hospital

Br 1444

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 Charles H Stickney

Licensed Embalmer No. 4560

P. O. Address KC Mo

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.