

FILED MAR 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8891**

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 352
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117
d. FULL NAME OF HOSPITAL OR INSTITUTION 2223 Jules Street		d. STREET ADDRESS (If rural, give location) 2223 Jules Street		
3. NAME OF DECEASED (Type or Print) Josephine		a. (First) W.	b. (Middle)	c. (Last) Rouzee
4. DATE OF DEATH (Month) (Day) (Year) March 22, 1953		5. SEX Female		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH September 18, 1857		9. AGE (In years last birthday) 95
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) Columbus, Indiana
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Howe W. B. Howe		13b. MOTHER'S MAIDEN NAME Margaret (UNKNOWN)
14. NAME OF HUSBAND OR WIFE Henry S. Rouzee		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Miss. Katie Rouzee		ADDRESS St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cardio-Vascular		INTERVAL BETWEEN ONSET AND DEATH 54rs (est)
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Degenerative disease		
		DUE TO (c) Senility		
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		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 examined the deceased on 3/22, 1953 , to 1:00A , 19 53 , that I last saw the deceased alive on 3/22, 1953 , and that death occurred at 1:00A m., from the causes and on the date stated above.				
23a. SIGNATURE H. F. Mundy M.D. (Coroner)		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 3/22/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 23, 1953		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer-Pleasant Funeral Home, Inc. St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. March 25, 1953		REGISTRAR'S SIGNATURE Esther M. Allison		485

(Licensed Embalmer's Statement on Reverse Side)

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

0117

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 Alfred C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, 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.