

no. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 22 1953

State File No. 22258

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) Paris		c. CITY (If outside corporate limits, write RURAL and give township) Paris	
c. LENGTH OF STAY (in this place) 2 Wks.		d. STREET ADDRESS (If rural, give location) E. Monroe St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION E. Monroe St.		0690	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) Allen	c. (Last) Rouse	4. DATE OF DEATH (Month) (Day) (Year) Jun. 19, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 6, 1889	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 6 Days 13	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (City and State or Foreign Country) Florida, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME S. H. Rouse	13b. MOTHER'S MAIDEN NAME Anna Jane Gurdane	14. NAME OF HUSBAND OR WIFE Goldie Rouse
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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. ##	17. INFORMANT'S SIGNATURE OR ADDRESS Mrs Ray Wardman Mexico Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy		INTERVAL BETWEEN ONSET AND DEATH Sudden
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) long disease time		
	DUE TO (c) cardiac decompensation		
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 4201	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 **6-12, 1953**, to **6-19, 1953**, that I last saw the deceased alive on **11 P.M., 6-12-53** and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Nellie S. Shustman (Degree or title) D. O.	23b. ADDRESS Paris, Missouri	23c. DATE SIGNED 6-20-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jun. 22, 1953	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cem.	24d. LOCATION (City, town, or county) (State) Paris, Missouri
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DATE REC'D BY LOCAL REG. 6-20-53	REGISTRAR'S SIGNATURE J. A. Barnard	433-0	25. FUNERAL DIRECTOR'S SIGNATURE Speed Blakey	ADDRESS PARIS, MISSOURI
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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 E. H. Agnew

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.