

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20785

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6092 Registrar's No. 1213

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-GrandPass Pass</u>) c. LENGTH OF STAY (in this place) <u>8 Hrs.</u>		c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> # <u>0970</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>7 Mi North East-Malta Bend, Mo. Napton, Mo. Route 2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Ray</u> c. (Last) <u>Rouff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 9-1947</u>	9. AGE (In years last birthday) <u>8</u>	10. IF UNDER 1 YEAR Days <u>29</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child-Went to School</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Emporia, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Melvin H. Rouff</u>	13b. MOTHER'S MAIDEN NAME <u>Cecil Williams</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Melvin H. Rouff-Napton, Mo. R. 2</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Skull - ran over</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>by truck accidental</u>		
	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 <u>E. 8300 25</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Grand Pass, Mo.</u> (COUNTY) <u>Saline</u> (STATE) <u>Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-8-1955 3:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell under truck wheel</u>

22. I hereby certify that I attended the deceased from 7-8-55, 1955, that I last saw the deceased alive on 7-8-55, 1955, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. L. Louheo, M.D., Coroner Saline Co.</u>	23b. ADDRESS <u>Marshall Mo</u>	23c. DATE SIGNED <u>7-9-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/12/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Int. of Pine Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>5 mi. S. of Marshall, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-9-55</u>	REGISTRAR'S SIGNATURE <u>Cecil H. Neal</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Deputy J. Louis Swearingen, Marshall, Mo.</u>
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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.....
Signature of Student Embalmer

Signed..... *J. Leslie Sweeney*.....

Licensed Embalmer No. *2222*

P. O. Address *W. Asheville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.