

FILED APR 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8608

State File No.

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5414 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>DOUGLAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DOUGLAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AVA R</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>AVA</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> # <u>0340</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HOMER W</u>	b. (Middle) <u>. ROUSSEAU</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 13 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 13 1894</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months Days	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) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>LON ROUSSEAU</u>	13b. MOTHER'S MAIDEN NAME <u>LUCY WEST</u>	14. NAME OF HUSBAND OR WIFE <u>AMY ELLEN ROUSSEAU</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>AMY ELLEN ROUSSEAU R 3 AVA MO.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u>		<u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cocaine of stomach</u> DUE TO (c)		<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Melanoma to liver and lung</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 3-1-, 1956, to 3-12-, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at 8: A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M.C. Bentley MD</u> (Degree or title)	23b. ADDRESS <u>AVA MO.</u>	23c. DATE SIGNED <u>3-15-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3 16 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>CROSSROADS MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 3-56</u>	REGISTRAR'S SIGNATURE <u>Wesley Bushman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CLINKINGBEARD FUNERAL HOME</u>	ADDRESS <u>AVA MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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. *Charles R. Fish*.....

Licensed Embalmer No. *460*.....

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