

FILED OCT 8 1956

STANDARD CERTIFICATE OF DEATH

30295

STATE FILE NUMBER

Registration District No. 101 Primary Registration District No. 53988 Registrar's No. 56

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, give TOWNSHIP only) OR TOWN <u>Ava, R, Buchanan</u>		c. CITY OR TOWN <u>Ava,</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>0340</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Lucy</u> Middle <u>Rousseau</u> Last <u>Rousseau</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>13</u> Year <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 10, 1872</u>	9. AGE (In years last birthday) <u>84</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTH PLACE (City and state or country) <u>Unionville Mo.</u>		
13. FATHER'S NAME <u>Mayron West</u>			14. MOTHER'S MAIDEN NAME <u>Veria June Halman</u>			
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 <u>Sam Rousseau, Cross Roads, Mo</u> Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Wemic Coma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>15 hr</u> <u>10 hr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Cardio Renal System</u>	
		DUE TO (c) <u>Chronic Glomerular Nephros</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Acute Rheumatoid Arthritis -</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u>12:30</u> Month, Day, Year <u>9-13-56</u> a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from 2-20-54 to 9-13-56 and last saw her alive on 9-13-56  
Death occurred at 12:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>M. C. Hervey M.D.</u> (Degree or title)	22b. ADDRESS <u>Ava Mo</u>	22c. DATE SIGNED <u>9-14-56</u>
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23a. BURIAL, CREMATION, or other disposition (Specify)	23b. DATE <u>9-15-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Uniongrange</u>	23d. LOCATION (City, town, or county) (State) <u>Cross Roads MA</u>
24. FUNERAL DIRECTOR <u>Clinkingbeard Funeral Home</u> ADDRESS <u>Ava Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-15-56</u>	26. REGISTRAR'S SIGNATURE <u>Vestal Bushman</u>

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. *466*

P. O. Address *Avon, M.*

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.