

FILED APR 29 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14277

BIRTH NO.		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 6003		Registrar's No.					
1. PLACE OF DEATH a. COUNTY Ralls				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ralls							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clay Township		c. LENGTH OF STAY (In this place) 3 Yrs		c. CITY OR TOWN Hannibal		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 3100 Moberly Ave.				e. STREET ADDRESS (If rural, give location) Moberly Ave. 08700							
3. NAME OF DECEASED (Type or Print) a. (First) Lonnie b. (Middle) Robert c. (Last) Rouse			4. DATE OF DEATH 4 - 22 - 1957		5. SEX M O		6. COLOR OR RACE W				
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3-12-1897		9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Rubber Plant		11. BIRTHPLACE (City and State or Foreign Country) Hannibal, Mo.			12. CITIZEN OF WHAT COUNTRY? US			
13a. FATHER'S NAME Thomas Rouse			13b. MOTHER'S MAIDEN NAME Viola Norris			14. NAME OF HUSBAND OR WIFE Rosa Rouse					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. WW No1.		17. INFORMANT'S SIGNATURE OR NAME <i>James Rouse</i>			ADDRESS Hannibal, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of head.						MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH immediate	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						DUE TO (b)			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						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						20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) Hannibal		(COUNTY) Ralls		(STATE) Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 22 57 6am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? self inflicted with 22 rifle, also shot wife							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00A.M., from the causes and on the date stated above.											
23a. SIGNATURE <i>Clyde W. Lindsey</i>				23b. ADDRESS <i>Lawrence, Mo Bell Co</i>		23c. DATE SIGNED <i>4-25-57</i>					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-25-1957		24c. NAME OF CEMETERY OR CREMATORY Grand View Burial ark		24d. LOCATION (City, town, or county) Hannibal, Mo.		(State)			
DATE REC'D BY LOCAL REG. <i>4-25-57</i>		REGISTRAR'S SIGNATURE <i>Clyde W. Lindsey</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Larry Clark</i>		ADDRESS Hannibal, Mo.					

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 *Laura Clark*

Licensed Embalmer No. *4217*

P. O. Address *Summit, W*

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.