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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

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28087

STATE FILE NUMBER
5458 REGISTRAR'S NO. 862

Registration District No. 128 Primary Registration District No.

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dade | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Walnut Grove twp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN N. Morgan twp. |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION W. of Walnut Gr. | | Length of stay in lb 18 months | d. STREET ADDRESS Rt #1, Dadeville |
| | | | If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| | | | | | | |
|---|----------------------------|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or print) First E Middle E. Last Rountree | | | 4. DATE OF DEATH Month Sept. Day 1 Year 1957 | | | |
| 5. SEX M. | 6. COLOR OR RACE W. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 8, 1867 | 9. AGE (In years last birthday) 89 | IF UNDER 1 YEAR Months 8 Days 9 Hours 15 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer + Stockman | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | | 11. BIRTHPLACE (City and state or country) Dade Co., Mo. | | |
| 13. FATHER'S NAME Rufus Rountree | | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | | |
| 14. MOTHER'S MAIDEN NAME Lucretia Hopkins | | | 17. INFORMANT Address Rt. #1 Mr. Dale Rountree, Dadeville, Mo. | | | |
| 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. None | | 17. INFORMANT Address Rt. #1 Mr. Dale Rountree, Dadeville, Mo. | | |

| | | |
|---|------------------------------------|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gangrene left leg | | INTERVAL BETWEEN ONSET AND DEATH 3 weeks 6 mo |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arteriosclerosis | |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | 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 9:10 Month 9 Day 1 Year 57 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 Springfield, Mo. | |
| | | 20g. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | COUNTY Greene | |
| | | 20h. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | STATE Mo. | |
| 21. I attended the deceased from Aug 9, '57 to Spt 1, '57 and last saw her ^{her} _{alive} on Aug 9, '57 Death occurred at 9:10 p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE James T. Good M.D. | | | 22b. ADDRESS Springfield, Mo. | | 22c. DATE SIGNED 9-4-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 9-3-1957 | 23c. NAME OF CEMETERY OR CREMATORIUM Greenfield Cem. | | 23d. LOCATION (City, town, or county) (State) Greenfield, Mo. |
| 24. FUNERAL DIRECTOR J. C. Canada, Greenfield, Mo. | | 25. DATE RECD. BY LOCAL REG. 9-4-57 | | 26. REGISTRAR'S SIGNATURE Edith Williamson | |

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1957

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. C. Canada*
Licensed Embalmer No. *41*

P. O. Address *Greenfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.