Health, Welfare Public Service

300 -57

FILED JAN 30 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001679

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 4241 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Oak Grove — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) City — Length of stay in 1b 8 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Oak Grove 7000 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Broadway — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First William Middle H. Last Rouse

4. DATE OF DEATH Month Jan Day 16 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH Oct 9 1879
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lewis Rouse
13b. MOTHER'S MAIDEN NAME Rachiel Conrow
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 431-46-3974
17. INFORMANT Virginia Perry Address Oak Grove Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arthrio Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 8 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) —
DUE TO (c) —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 5-29-1958, to 1-16-59 and last saw her/him alive on 1-16-59
Death occurred at 4 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lale W W Cleaning MD
22b. ADDRESS Oak Grove Mo
22c. DATE SIGNED 1-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1/18/59
23c. NAME OF CEMETERY OR CREMATORY Casa Cem
23d. LOCATION (City, town, or county) Casa (State) Arkansas

24. FUNERAL DIRECTOR Webb Funeral Home ADDRESS Oak Grove Mo.
25. DATE RECD. BY LOCAL REG. 1-18-59
26. REGISTRAR'S SIGNATURE N. B. Langford

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 11 1959

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 William Frew

Licensed Embalmer No. 4733

P. O. Address Blue Springs

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.