

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

301-10-59-004234

STATE FILE NUMBER

FILED FEB 10 1959

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 21

300
1-57

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nevada		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Hospital			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) R#3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Charles Middle Virgil Last Rountree				4. DATE OF DEATH Month January Day 25 Year 1959				
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 8, 1891		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and state or country) Hickory County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Billy Rountree			13b. MOTHER'S MAIDEN NAME Alice Fletcher		14. NAME OF HUSBAND OR WIFE Rose Thorburn			
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. 510-26-0089		17. INFORMANT Address Mrs. Rose Rountree Nevada, Missouri R#3				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left Ventricular failure						INTERVAL BETWEEN ONSET AND DEATH 24 hours.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic myocarditis						Unknown		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Epilepsy, last illness preceded by a mild convulsion 422.2.						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 0 Month, Day, Year 0								
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 Jan. 22, 1959 to Jan. 25, 1959 and last saw him ^{her} alive on Jan. 25, 1959 Death occurred at Nevada, Mo. 12:20 Am on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE R. B. Wray, M. D. (Degree or title)				22b. ADDRESS Moore Bldg., Nevada, Missouri		22c. DATE SIGNED 1/28/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1959	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park		23d. LOCATION (City, town, or country) (State) Nevada Missouri			
24. FUNERAL DIRECTOR Ferry Funeral Home Nevada, Missouri			25. DATE RECD. BY LOCAL REG. 2-2-1959		26. REGISTRAR'S SIGNATURE Arma E. Jurey			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be stated. All diseases in Part I must be causally related.

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 *[Handwritten Signature]*

Licensed Embalmer No. *11960*

P. O. Address *Torrance*

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.