

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS NOV 3 1959

59-038029

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 9733**

MEMENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b	c. CITY OR TOWN Mineral Point Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 1 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM A. ROUSAN			4. DATE OF DEATH Month Day Year OCTOBER 22 1959
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/26/96
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman mine		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 62 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Fletcher, Mo		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Wilford Rousan		13b. MOTHER'S MAIDEN NAME Jane Ohaver	14. NAME OF HUSBAND OR WIFE Cletus Rousan
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. 498-10-3484	17. INFORMANT Address Mrs. Cletus Rousan Mineral Point 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) PULMONARY INSUFFICIENCY Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PULMONARY TUBERCULOSIS, INACTIVE DUE TO (c) UO2X			INTERVAL BETWEEN ONSET AND DEATH SEVERAL YRS SEVERAL YRS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year		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 SEPT. 8, 1959 to OCT. 22, 1959 and last saw her/him alive on OCTOBER 22, 1959 Death occurred at 3:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. D. McMillion, M.D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 10/23/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/26/59	23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cem.	23d. LOCATION (City, town, or county) (State) St. Louis County Mo
24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 South Grand Blvd.		25. DATE RECD. BY LOCAL REG. OCT 23 1959	26. REGISTRAR'S SIGNATURE Earl Smith, M.D. <i>E.P.</i>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 LT AON SA

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. A. Humphrey
Licensed Embalmer No. 477
P. O. Address St Louis Mo

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.