

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010705

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 141 Primary Registration District No. 3825 Registrar's No. 58 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED APR 2 1962**

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>		Length of stay in lb hrs. <u>hrs.</u>	c. CITY OR TOWN <u>West Plains</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1224 Jackson St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Donald</u> Middle <u>Elvin</u> Last <u>Rousey</u>			4. DATE OF DEATH Month <u>March</u> Day <u>21</u> Year <u>1962</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>whit</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-20-1962</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>infant</u>	9. AGE (last birthday) IF UNDER 1 YEAR Months <u>3</u> Days <u>5</u> Hours <u>3</u> Min. IF UNDER 24 HR
11a. FATHER'S NAME <u>Melvin E. Rousey</u>		11b. MOTHER'S MAIDEN NAME <u>Patricia Ann Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>yes</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
IMMEDIATE CAUSE (a) <u>Imperfect Aeration of Lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u>	
DUE TO (b) <u>Immaturity</u>			
DUE TO (c) <u>Premature delivery (32 wks gestation)</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		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 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 <u>1:45</u> a.m. Month, Day, Year <u>3-20-62</u>	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.) <u>Leota, Missouri</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>West Plains, Mo.</u>
21. I attended the deceased from <u>3-20-62</u> to <u>3-21-62</u> and last saw him alive on <u>3-20-62</u> . Death occurred at <u>1:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Murray T. Pritchard</u>		22b. ADDRESS <u>West Plains, Mo.</u>	22c. DATE SIGNED <u>3-21-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>3-24-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Free Union Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>West Plains, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Robertson's, West Plains, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-31-62</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 ITEM NO. SHOULD READ  
 BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

**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

*L. R. Robertson*

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.