

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-039241

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 163 Primary Registration District No. 5593 Registrar's No. 61

FILED OCT 16 1962

VS 300
Rev. 4/59

1 0520

2 20500

3 1

4 0

5 2

6

7 1

8 2

9 4200

10

11

12 90-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE MO. b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL PLATTIN		c. CITY OR TOWN FESTUS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R#3		d. STREET ADDRESS R#3	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE A. DE ROUSSE		4. DATE OF DEATH Month Day Year 10-10-62	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-28-1861
9. AGE (last birthday) 98		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	
11. BIRTHPLACE (City and state or country) KASKASKIA, ILLINOIS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ED DE ROUSSE		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE ---		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) (If yes, give year or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT BERNIE DE ROUSSE R#3 FESTUS, 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) arteriosclerotic heart disease DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 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 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 COUNTY STATE	
21. I attended the deceased from <u>Aug 2, 1962</u> to <u>Oct 4, 62</u> and last saw her/him live on <u>Oct 4, 1962</u> Death occurred at <u>12:15 a.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS <i>[Address]</i>	
22c. DATE SIGNED <u>10/12/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-13-62	23c. NAME OF CEMETERY OR CREMATORY CATHOLIC	
23d. LOCATION (City, town, or county) CRYSTAL CITY, MO.			
24. FUNERAL DIRECTOR GENTRY R. POLITTE ADDRESS		25. DATE RECD. BY LOCAL REG. 10-13-1962	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

1941-1942

Permit Granted 10-13-1962 Mr. J.

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 *Geoffrey R. Polette*

Licensed Embalmer No. *3481*

P. O. Address *Crystal City*

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.

M.A.