

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22168

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4467 Registrar's No. 1292

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Washington, Co</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park, 3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fletcher</u>	
c. LENGTH OF STAY (In this place) <u>2 weeks</u>		170 0 0 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>26 Marshall, St.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Lulu</u>	b. (Middle) <u>Verne</u>	c. (Last) <u>Rousan</u>	(Month) <u>May</u>	(Day) <u>24</u>	(Year) <u>'49</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>Nov 21st 1877</u>		
9. AGE (In years last birthday) <u>71</u>			IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Washington, Co, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lilburn Gibson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Pauline Wheeler</u>	14. NAME OF HUSBAND OR WIFE <u>Fred Rousan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Rousan Fletcher</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		<u>years</u>
DUE TO (c) <u>Chronic Nephritis</u>		<u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis, Anemia</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
		<u>93%</u>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		<u>410 X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to May 22, 1949, that I last saw the deceased alive on May 22, 1949, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Leonard R. ...</u>	23b. ADDRESS <u>Box 91 Fenton Mo</u>	23c. DATE SIGNED <u>5-24-49</u>
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24a. (BURIAL, CREMATION, REMOVAL) (Specify)	24b. DATE <u>5-26-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	24d. LOCATION (City, town, or county) (State) <u>De Soto, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-25-49</u>	REGISTRAR'S SIGNATURE <u>Thurmond ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lee Motherhead</u>	ADDRESS <u>De Soto, Mo.</u>
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(Licensed Embalmers Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed

*[Handwritten Signature]*

Licensed Embalmer No. 3531

P. O. Address Des Moines

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 this body is not embalmed, fact should be so stated above.