

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40880

State File No. _____

Registrar's No. 58

BIRTH NO. _____		REG. DIST. NO. <u>121</u>		PRIMARY REG. DIST. NO. <u>5452</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>		
b. CITY OR TOWN <u>RURAL</u>		c. LENGTH OF STAY (If in this place) <u>1 YEAR</u>	c. CITY OR TOWN <u>RURAL</u>		37 6
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ASH GROVE #1</u>			d. STREET ADDRESS (If rural, give location) <u>ASH GROVE #1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u>		b. (Middle) _____		c. (Last) <u>ROUNTREE</u>	
4. DATE OF DEATH <u>DECEMBER 17, 1949</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>FEBRUARY 2, 1873</u>		9. AGE (In years last birthday) <u>76</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES WINBURN BRADSHAW</u>		13b. MOTHER'S MAIDEN NAME <u>LOU EDMONSON</u>	
14. NAME OF HUSBAND OR WIFE <u>C.C. ROUNTREE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. NOBLE EDGE</u>		ADDRESS <u>ASH GROVE #1</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary disease</u> DUE TO (c) <u>Chronic Valvular Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u> <u>unknown</u> <u>3 or 4 years</u> <u>2 7/8 1</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>Dec 17</u> , 19 <u>49</u> , to <u>Dec. 17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 17</u> , 19 <u>49</u> , and that death occurred at <u>5:00</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. Charles H. Orr</u>			23b. ADDRESS <u>M.D. Ash Grove, Mo</u>		23c. DATE SIGNED <u>12-19-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ASH GROVE CEMETERY</u>	
24d. LOCATION (City, town, or county) <u>ASH GROVE, MISSOURI</u>		(State) _____			
DATE REC'D BY LOCAL REG. <u>12/19/49</u>		REGISTRAR'S SIGNATURE <u>Charles H. Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>PAINT FUNERAL SERVICE</u> ADDRESS <u>ASH GROVE, MO.</u>	

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

39
00

FEB 1 1958

GREENE COUNTY HEALTH OFFICER,
Special Agent, Bureau of the Census,
SPRINGFIELD, MISSOURI.

RECEIVED

Greene County Health Office,
County File Number 49-12-73
Date Filed 12-23-49

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
Student Embalmer

Signed Charles D. Noble

Licensed Embalmer No. 4005

P. O. Address Ed. Groe 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 this body is not embalmed, fact should be so stated above.