

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16784
2296

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 35 th	
c. LENGTH OF STAY (In this place) —		d. STREET ADDRESS (If rural, give location) 3347 BALES AVENUE 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3347 BALES AVENUE			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) E c. (Last) Rousey			4. DATE OF DEATH (Month) (Day) (Year) MAY 25 1951		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH AUG-31-1875		9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERINTENDANT		10b. KIND OF BUSINESS OR INDUSTRY K.C. terminal		11. BIRTHPLACE (State or foreign country) Fort Scott KANSAS	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME ELMER ROUSEY		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ELISIE ROUSEY	
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. 486-03-2483		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS ELISIE ROUSEY 3347 BALES KCMO.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute dilatation of heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension - chronic myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 months H9 th	
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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) (Min)		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 approx 2 months ago 5-25, 1951, that I last saw the deceased alive on 5-25-1951, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE D. M. Nigro (Degree or title) M.D.		23b. ADDRESS 306 East 12 th		23c. DATE SIGNED 5-26-51	
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24a. BURIAL, CREMATION, REMOVALS (Specify) BURIAL		24b. DATE MAY 26 1951		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 5-28-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newkammer's Sons 1331 Brush Creek			

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

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925- Antyphle Bell
11:00 A.M. -

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 Stickney

Licensed Embalmer No. *4560*

P. O. Address *K.P. 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.