No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31020

FILED OCT 14 1952

5236 State File No.

BIRTH NO. REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 63

200
1

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

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): El Dorado Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.R. #5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): El Dorado Springs 0200
d. STREET ADDRESS (If rural, give location): R.R. #5

3. NAME OF DECEASED (Type or Print)
a. (First): Ben
b. (Middle): C.
c. (Last): Rountree

4. DATE OF DEATH (Month) (Day) (Year): Oct. 9, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Sept. 27, 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Ash Grove, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James G. Rountree
13b. MOTHER'S MAIDEN NAME: Jennie McMillin
14. NAME OF HUSBAND OR WIFE: Leona Rountree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War #1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Leona Rountree — ADDRESS: El Dorado Sprgs.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 Oct, 1952, *to* 9 Oct, 1952, *that I last saw the deceased alive on* 9 Oct, 1952, *and that death occurred at* 5:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 0 (Degree or title): M.D.
23b. ADDRESS: El Dorado Springs, Mo.
23c. DATE SIGNED: 11 Oct, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 10-12-52
24c. NAME OF CEMETERY OR CREMATORY: Ash Grove Cemetery
24d. LOCATION (City, town, or county) (State): Ash Grove, Missouri

DATE REC'D BY LOCAL REG.: Oct. 11, 1952
REGISTRAR'S SIGNATURE: [signature] per H. Knowlton, Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Gwinn Carothers — ADDRESS: El Dorado Springs, Missouri

418 — 0

(Licensed Embalmer's Statement on Reverse Side)

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 Max W. Dickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Springs

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.