

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8356

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>720 William St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u>	b. (Middle) <u>D</u>	c. (Last) <u>Rouse</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 27 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 25 1907</u>	9. AGE (in years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Fireman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cotton Belt R.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Rouse</u>	13b. MOTHER'S MAIDEN NAME <u>Rovena Plaugge</u>	14. NAME OF HUSBAND OR WIFE <u>Leona</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-07-3753</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Leona Rouse</u>	ADDRESS <u>Cape Gir. Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Neurologic Paralysis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Posterior Penetrating Duodenal Ulcer</u>			<u>5 years</u>
	DUE TO (c) <u>Benign Gastric Ulcer</u>			<u>1 year</u>

19a. DATE OF OPERATION <u>3-21-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Duodenal + Gastric ulcers</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3-18, 1956, to 3-27, 1956, that I last saw the deceased alive on 3-27, 1956, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. O. L. Seabury, MD</u>	23b. ADDRESS <u>Cape Girardeau Mo</u>	23c. DATE SIGNED <u>3-29-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-29-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-30-56</u>	REGISTRAR'S SIGNATURE <u>W. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brinkopf Howell</u>	ADDRESS <u>Cape Gir. Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wm 2

APR 17 1958

MAY 8 1958

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 NEIL H. GROSSNEIDER....., Student Embalmer No. 52 working under my personal supervision..

Student Neil H. Grossneider
Signature of Student Embalmer

Signed E. H. Estes

Licensed Embalmer No. 357

P. O. Address Cape Si

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.