

FILED MAY 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16894

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3033		Registrar's No. 90	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>24 hrs.</u>		c. CITY OR TOWN <u>Lebanon Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>				e. STREET ADDRESS (If rural, give location) <u>Linn Creek Star Route 0550</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest Louis</u> b. (Middle) <u>Rousselot</u> c. (Last) <u>Rousselot</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 10 1956</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 13 1895</u>		9. AGE (In years last birthday) <u>61</u>	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) <u>Farmer</u>		10b. KIND OF BUSINESS OR-INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Francis A. Rousselot</u>			13b. MOTHER'S MAIDEN NAME <u>Rosalie Wheeler</u>		14. NAME OF HUSBAND OR WIFE <u>Violet</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>495-05-6736</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Rousselot</u>		ADDRESS <u>Shawnee Kan.</u>	
I. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>adenocarcinoma of Rectum</u>				MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>adenocarcinoma of Rectum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>discovered on 5-9-56</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				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. <u>General debility, gradual loss of weight & appetite</u>						154X	
19a. DATE OF OPERATION <u>2-14-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>a fairly well differentiated adenocarcinoma grade II. extension thru muscular into perirectal fat 5 Vm invasion</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>1-9 1955</u> , to <u>5-10 1956</u> , that I last saw the deceased alive on <u>5-10 1956</u> , and that death occurred at <u>12:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Summers</u> (Degree or title) _____				23b. ADDRESS <u>Lebanon Mo</u>		23c. DATE SIGNED <u>5-11-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-12-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-12-1956</u>		REGISTRAR'S SIGNATURE <u>Charles L. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Halman Funeral Home</u> ADDRESS <u>Lebanon Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Received 5-21-56
Laclede County Health Unit
File No. 90
Date Filed 5-21-56

MAY 22 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 42

P. O. Address Lebanon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.