

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **40337**

**FILED NOV 26 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **381** PRIMARY REG. DIST. NO. **6177** Registrar's No. **89**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Sullivan</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Buchanan Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Green City</b>	
c. LENGTH OF STAY (In this place) <b>2 weeks</b>		d. STREET ADDRESS (If rural, give location) <b>No street address</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8 mi. NW Green City</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>Perdilla</b>	b. (Middle) <b>Jane</b>	c. (Last) <b>Rouse</b>	<b>Nov. 14, 1956</b>		
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Oct. 14, 1874</b>	<b>9. AGE</b> (In years last birthday) <b>82</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farm home</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Iowa</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>

<b>13a. FATHER'S NAME</b> <b>Benona Shriver</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Sarah Eddy</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Albert Rouse</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Edna Law, Green City, Mo.</b>

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>6 weeks</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Coronary Thrombosis</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Acute Nephritis</b>		<b>5 days</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION:</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>4201 Green City, Missouri</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from June 25, 1948, to November 14, 1956, that I last saw the deceased alive on November 13, 1956, and that death occurred at 4:15 a. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>R. D. Smith</i>	<b>23b. ADDRESS</b> <b>Green City, Missouri</b>	<b>23c. DATE SIGNED</b> <b>11/17/56</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Nov. 17, 1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Green City Cemetery</b>
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Green City, Mo.</b>		

<b>DATE REC'D BY LOCAL REG.</b> <b>11-20-56</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Mrs. M. W. Beckett</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <i>Glenn E. Hunt &amp; Son, Green City, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

W. D. N.

**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 \_\_\_\_\_

*Earl R. Kent*

Licensed Embalmer No. *4689*

P. O. Address *Gren City, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.