

FILED SEP 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH28552
STATE FILE NUMBERRegistration District No. 163 Primary Registration District No. 5293 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL PLATTIN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN FESTUS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROSE HILL N. HOME		Length of stay in 18 -	d. STREET ADDRESS R#2		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ALONZO Middle J. Last DEROUSSE			4. DATE OF DEATH Month 8 Day 21 Year 57		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 9, 1870	9. AGE (In years last birthday) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY GLASS WORKER	11. BIRTHPLACE (City and state or country) RANDOLPH CO. ILL.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME WILLIAM DE ROUSSE			14. MOTHER'S MAIDEN NAME MARY MENARD		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) -		16. SOCIAL SECURITY NO. -	17. INFORMANT Hester De Rousse Crystal City Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) Age					INTERVAL BETWEEN ONSET AND DEATH 2 yrs 1 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 592x			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour p. m. Month, Day, Year			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Jan. 19 53 to Aug. 24, 1957 and last saw her alive on Aug 24, 1957 Death occurred at 3:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H. H. Mehan (Degree or title)		22b. ADDRESS 104 N. Mill Festus Mo		22c. DATE SIGNED 8/26/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-27-57	23c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEMETERY	23d. LOCATION (City, town, or county) CRYSTAL CITY, MO.		
24. FUNERAL DIRECTOR Antony C. Pelitto ADDRESS Crystal City, Mo.		25. DATE RECD. BY LOCAL REG. 8-27-57	26. REGISTRAR'S SIGNATURE Marie Harris		

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

00
56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED: ..

SEP

9 1957

SEP 15 1957

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.....
Signature of Student Embalmer

Signed *Quincy P. Plitt*

Licensed Embalmer No. *3*

P. O. Address *Crystal*

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