MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-005749
STATE FILE NUMBER

AMENDED

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 14

FILED VS MAR 10 1961

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: DeSoto — Length of stay in 1b: 8 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 914 So. Third St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jefferson
c. CITY OR TOWN: DeSoto — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 914 So. Third St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Thomas Middle: Grant Last: Rousan
4. DATE OF DEATH: Month: Mar. Day: 1. Year: 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/5/63
9. AGE (last birthday): 97 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: 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: Gen'l Farming
11. BIRTHPLACE (City and state or country): Washington Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Eli Rousan
13b. MOTHER'S MAIDEN NAME: Delaphine Boyer
14. NAME OF HUSBAND OR WIFE: Hattie Rousan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Hattie Rousan Address: DeSoto, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 11 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1959 to 1961 and last saw him alive on March 1, 1961
Death occurred at 1:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. E. Pierce D.O
22b. ADDRESS: 125 Easton DeSoto Mo
22c. DATE SIGNED: 3-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/4/61
23c. NAME OF CEMETERY OR CREMATORY: Woodlawn
23d. LOCATION (City, town, or county) (State): DeSoto, Mo.

24. FUNERAL DIRECTOR ADDRESS: J. Lee Mothershead, DeSoto, Mo.
25. DATE RECD. BY LOCAL REG.: Mar. 3-1961
26. REGISTRAR'S SIGNATURE: Marie Harris.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 _____ Signed J. E. Mothershead

Signature of Student Embalmer

Licensed Embalmer No. 3531

P. O. Address DeSoto Mo

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.