

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

43 -61-020314
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 5041 Registrar's No. _____

AMENDED

FILED JUN 16 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Barry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Barry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Flat Creek Twp. Length of stay in lb 3 Mo. | | c. CITY OR TOWN Cassville, R.F.D. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi. N-W Cassville | | d. STREET ADDRESS (If outside, give location) 2 Mi. N-W Cassville Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Walter Don Roush | | | 4. DATE OF DEATH Month Day Year 6 2 61 |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10-9-87 73 |
| 9. AGE (last birthday) | | 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) Gas Service Company | | 10b. KIND OF BUSINESS OR INDUSTRY retired | 11. BIRTHPLACE (City and state or country) Pittsburg, Iowa |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME C.R. Roush | |
| 13b. MOTHER'S MAIDEN NAME Hattie Drew | | 14. NAME OF HUSBAND OR WIFE Erma Murray Roush | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 17. INFORMANT Address Addie Allen, R.F.D. Cassville, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Ca to liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) chronic Adenocarcinoma DUE TO (c) of colon | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 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 a.m. 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 5-12-61 to _____ and last saw ^{her} him alive on 5-12-61 Death occurred at 11:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Charles J. Mc MD | | 22b. ADDRESS Cassville, Missouri | 22c. DATE SIGNED 6-5-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6/4/61 | 23c. NAME OF CEMETERY OR CREMATORY Viney Cemetery | 23d. LOCATION (City, town, or county) (State) Barry, County, Mo. |
| 24. FUNERAL DIRECTOR Doyle E. Williamson, Cassville, Mo. | | 25. DATE RECD. BY LOCAL REG. 6-5-1961 | 26. REGISTRAR'S SIGNATURE Grace Williams |

AUG 29 1967

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 Dyle E. Williams

Licensed Embalmer No. 4883

P. O. Address Cassville, 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.