

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007536

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ  
 TYPEWRITER RIBBON

Registered District No. 294 Primary Registration District No. \_\_\_\_\_ Registrar's No. 13  
**FILED FEB 21 1962**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Putnam</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Unionville</u> Length of stay in 1b <u>18 Years</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u> c. CITY OR TOWN <u>Unionville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>3. NAME OF DECEASED</b> First <u>Annie</u> Middle <u>Eliza</u> Last <u>Rouse</u>			<b>4. DATE OF DEATH</b> Month <u>February</u> Day <u>10</u> Year <u>1962</u>			
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>8/11/1870</u>	<b>9. AGE</b> (last birthday) <u>91</u>	<b>IF UNDER 1 YEAR</b> Months <u>5</u> Days <u>29</u>	<b>IF UNDER 24 HR</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Putnam County, Mo., U. S. A.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> _____
<b>13a. FATHER'S NAME</b> <u>Henry Francis</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Susan Scobee</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>James Samuel Rouse</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT</b> <u>B. N. Rouse R. R. #1 Newton, Iowa</u> Address _____			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic degenerative arteriosclerosis</u> DUE TO (b) <u>hypertension</u> DUE TO (c) <u>to hypertension</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____				
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>20f. CITY, TOWN, OR LOCATION</b> _____	<b>COUNTY</b> _____ <b>STATE</b> _____	
<b>21. I attended the deceased from</b> <u>Feb 6 to Feb 10 1962</u> , to <u>Feb 10 1962</u> and last saw her alive on <u>Feb 10 1962</u> . Death occurred at <u>3:15 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22. SIGNATURE</b> (Degree or title) <u>Chas L. Judd</u>			<b>22b. ADDRESS</b> <u>Unionville, Missouri</u>		<b>22c. DATE SIGNED</b> <u>2/12/62</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>2/12/1962</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Unionville Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Unionville, Missouri</u>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Comstock Funeral Home</u> By <u>John N. Comstock</u> <u>Unionville, Mo.</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>2-13-62</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Marvell Durbin</u>		

*Dr. Galt*

**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 *John N. Comstock* \_\_\_\_\_

Licensed Embalmer No. *3891* \_\_\_\_\_

P. O. Address *Greenville, 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.