

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-020927

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 264 Primary Registration District No. _____ Registrar's No. 69 STATE FILE NUMBER

FILED JUN 3 1963

VS 300 Rev. 4/59	DATE AMENDED		AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
1 <u>0770</u>					
2 <u>0770</u>					
3					
4 <u>0</u>					
5 <u>2</u>					
6					
7 <u>1</u>					
8 <u>2</u>					
<u>9331X</u>					
10					
11					
<u>1290-0</u>					
<u>133-0</u>					
	SHOULD READ				
	ITEM NO.				BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lick Creek Twp</u>		Length of stay in 1b <u>41 years</u>	c. CITY OR TOWN <u>Hardenville</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>8 mi. E. 160 2 mile south</u>
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>Lewis</u> Last <u>Rouse</u>		4. DATE OF DEATH Month <u>May</u> Day <u>22</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-10-1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN</u>	9. AGE (last birthday) <u>85</u>
11a. FATHER'S NAME <u>Lewis F. Rouse</u>		11b. MOTHER'S MAIDEN NAME <u>Martha Williams</u>	11c. BIRTHPLACE (City and state or country) <u>Albia Iowa</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u>		12b. SOCIAL SECURITY NO.	12c. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-vascular Accident</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Brown Rouse</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arterio sclerosis cerebral vessels</u>		15. INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>	
DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH: but not related to the terminal disease condition given in PART I. (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)		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	
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 <u>Russell Iowa</u>	
21. I attended the deceased from <u>5-9-60</u> to <u>5-22-63</u> and last saw him alive on <u>5-10-63</u> Death occurred at <u>1:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Arthur L. Beard M.D.</u>	
22b. ADDRESS <u>Gainesville, Mo</u>		22c. DATE SIGNED <u>5-24-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5-24-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Russell</u>	23d. LOCATION (City, town, or county) (State) <u>Russell Iowa</u>
24. FUNERAL DIRECTOR <u>Clinkingbeard Gainesville</u>		25. DATE RECD. BY LOCAL REG. <u>May 24 1963</u>	26. REGISTRAR'S SIGNATURE <u>Barbara Shaw</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 R. Usrey

Licensed Embalmer No. 4885

P. O. Address Caineville, 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.