

No. 300
10. 48

FILED FEB 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3491

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Mo	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Delta Com Hospt Sikeston, Mo			

3. NAME OF DECEASED (Type or Print)	a. (First) Adam	b. (Middle) _____	c. (Last) Roush	4. DATE OF DEATH (Month) (Day) (Year)
				1 2 1951

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1/27/66	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Days 11	IF UNDER 2 HRS. Hours 5
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Mill Operator	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Howell Co, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Roush	13b. MOTHER'S MAIDEN NAME Unknown Cunningham	14. NAME OF HUSBAND OR WIFE Ella Roush
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Emma Guthrie Charleston, Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease		2 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4200	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec. 25, 1950**, to **Jan**, 1951, that I last saw the deceased alive on **1/1**, 1951, and that death occurred at **5.00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. C. Citchlow (Degree or title) m.d.	23b. ADDRESS Sikeston, Mo	23c. DATE SIGNED 1/9/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/5/51	24c. NAME OF CEMETERY OR CREMATORY Mountain View	24d. LOCATION (City, town, or county) (State) Mountain View Mo
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DATE REC'D BY LOCAL REG. 1-23-51	REGISTRAR'S SIGNATURE Mrs Ella Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Mary Jones	ADDRESS Sikeston Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 29 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 151-33

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
Student Embalmer

Signed John A. Peterson

Licensed Embalmer No. 2941

P. O. Address Sebeston

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 this body is not embalmed, fact should be so stated above.