

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15960

State File No. \_\_\_\_\_

MAY 13 1940  
Registration District No. 75

Primary Registration District No. 6022

Registrar's No. 33

1. PLACE OF DEATH

(a) County St. Francois Missouri  
(b) City or town Valle Mines  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether

In this community \_\_\_\_\_ years, months or days) 21 years

8. (a) PRINT FULL NAME GIRARD DERWOOD ROUGELY 240

8. (b) If veteran, name war.  8. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 17 1918  
(Month) (Day) (Year)

8. AGE: Years 21 Months 8 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace French Village Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Oliver Lee Rougely

13. Birthplace Valle Mines Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Funk

15. Birthplace De Soto R-1 Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Oliver Lee Rougely

(b) Address Valle Mines Mo

17. (a) Rural (b) Date thereof April 10, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rougely Cemetery

18. (a) Signature of funeral director Ed. Funk

(b) Address Festus, Mo

19. (a) 4-8-40 (b) N. W. Hawkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Valle Mines  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 of year 1940 hour 7 minute A. M.

21. I hereby certify that I attended the deceased By Investigation  
and Deputy Coroner, 19 April 8, 19 40

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Suicide

Due to gun shot wound inflicted at his own hand

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence April 8, 1940

(c) Where did injury occur? Valle Mines Missouri  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In his home on farm

While at work No (Specify type of place)

(e) Means of injury gun shot

23. Signature Clarence Clagwell Deputy Coroner

(M. D. or other)

Address Booneville Mo Date signed 4/8/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

---

---

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Cleaveland Province*

Licensed Embalmer No. *3403*

P. O. Address *Festus, 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 this body is not embalmed, above space should be left blank.**