MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED MAR 16 1940

5834
Do not use this space.

1. PLACE OF DEATH

(a) County: BATES — Registration District No.: 50

(b) Township: — Primary Registration District No.: 3004 — Registered No.: 23

(c) or City: Butler — (d) Street No.: , St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred: yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elmer U. Igou

(a) Residence, No.: 200 BUTLER MO St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: MAY I GOU

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): OCT 6 - 1885

7. AGE: Years 54 | Months 4 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: STONE CUTTER

9. Industry or business in which work was done, as saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BATES CO MO

FATHER

13. NAME: HARRISON I GOU

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLINOIS

MOTHER

15. MAIDEN NAME: NANCY BRUBECK

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO.

17. INFORMANT (ADDRESS): Harry Igou Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: OAKHILL DATE: FEB 15 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): BOOTH FUNERAL HOME BUTLER MO

20. FILED: Feb. 14, 1940 Nina L. Culver, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
HYPERTROPHY - HEART	
MITRAL STENOSIS and INSUFFICIENCY	
Hypertrophic (Alcoholic) Cirrhosis of Liver -	

Other contributory causes of importance: Chronic Alcoholism

(Died without medical attention)

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury: , 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed): Reginald T. Smith, M. D.

(Address): Coroner, Bates Co. Mo. Rich Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X16605

RECEIVED
District Health Officer No. 7.
District File Number 3-40-472
Date Filed 3-14-40

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

Signed John L. Underwood

Licensed Embalmer No. 3585T

P. O. Address Butler 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.

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CERTIFICATE OF DEATH

5834
Do not use this space.

1. PLACE OF DEATH
(a) County BATES
(b) Township
(c) City or Town Butler
Registration District No. 50
Primary Registration District No. 3004
Registered No. 23
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elmer U. Igou
(a) Residence, No. BUTLER MO. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: MAY I. GOU
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): OCT 6 - 1885
7. AGE: Years 54 Months 4 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: STONE CUTTER
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BATES CO MO.

FATHER
13. NAME: HARRISON I. GOU
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Champaign County, Ohio

MOTHER
15. MAIDEN NAME: NANCY BRUBECK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay County, Missouri

17. INFORMANT (ADDRESS): Mary Igou Butler Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE OAKHILL DATE FEB 15 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): BOOTH FUNERAL HOME BUTLER MO
20. FILED Feb. 14, 1940 Nina L. Culver Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13 1940
22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at 2:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy - Heart	
Mitral Stenosis and Insufficency	
Hypertrophic (Alcoholic) Cirrhosis of Liver -	
Other contributory causes of importance: Chronic Alcoholism	
(Died without medical attention)	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Reginald L. Smith M.D.
(Address) Coroner. Bates Co. Mo. Rich Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Items #14 & 16 corr. by aff. from daughter - 8-22-78

8-30-78