FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22092

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 59

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

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Purvis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 weeks (Specify whether
In this community 10 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town "RURAL" Exeter Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. 3½ mi N of Exeter
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---

3. (a) PRINT FULL NAME James Emmet GOOSETREE

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Effie Chloe Goosetree

6. (c) Age of husband or wife if alive Dec'D years

7. Birth date of deceased January (Month) 19. (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	5	5	-- hr. --- min.

9. Birthplace Barry Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name James Franklin Goosetree
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Safronia Antle
15. Birthplace Barry Co., (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Lavon Montgomery

(b) Address RFD; Exeter, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/1948 (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director Koon Funeral Home

(b) Address 1303 Main St.; Cassville, Mo.

19. (a) July 10-1948 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th. year 1948 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from December, 1947, to June, 1948; that I last saw him alive on 24th day of June, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 hrs
Essential Hypertension	2 yrs
with cardiorenal syndrome	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

1316

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work (e) Means of injury

23. Signature G. Purvis (M. D. or other) DO

Address Cassville, Mo Date signed 7-3-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 248-841
Date Filed JUL 16 1945

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 W. C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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