No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 4 1951

State File No. 39731

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3 002 Registrar's No. 226

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico, Missouri
c. LENGTH OF STAY (in this place): 49 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Audrain County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellsville, Missouri 2700
d. STREET ADDRESS (If rural, give location): 111 South Hudson

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Fredrick
c. (Last): Goullee

4. DATE OF DEATH (Month) (Day) (Year): Dec. 20 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 6, 1875
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 8, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant Owner
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): New Florence, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: John J. Goullee
13b. MOTHER'S MAIDEN NAME: Susan A. Wood
14. NAME OF HUSBAND OR WIFE: Mrs. Leota Goulloe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: C. E. Hildebrand — ADDRESS: Wellsville Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic degeneration myocarditis - error — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES: Cardiac failure

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Left Bundle Branch Block. — 6 Month

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: —

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): X
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): X
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: X
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: X

22. *I hereby certify that I attended the deceased from* 10-29, 1950, *to* 12-20, 1950, *that I last saw the deceased alive on* 12-20, 1950, *and that death occurred at* 11 15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harry F. O'Brien M.D.
23b. ADDRESS: Mexico Mo.
23c. DATE SIGNED: 12-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/23/50
24c. NAME OF CEMETERY OR CREMATORY: Wellsville City Cem.
24d. LOCATION (City, town, or county) (State): Wellsville Montg. Mo

DATE REC'D BY LOCAL REG.: Dec-21-1950
REGISTRAR'S SIGNATURE: B Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE: N B Wells — ADDRESS: Wellsville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: DEC 27 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-22
Date Filed: JAN 1 1951

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~~ Self

working under my personal supervision.

Student Embalmer No. .....

Signed N B Wells

Signed.....
Student Embalmer

Licensed Embalmer No. 1588

P. O. Address Wellsville 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, fact should be so stated above.