

THE DIVISION OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38700**

FILED DEC 10 1956

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

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 195 | | PRIMARY REG. DIST. NO. 4306 | | Registrar's No. 103 | |
| 1. PLACE OF DEATH a. COUNTY McDonald | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goodman | | c. LENGTH OF STAY (in this place) 12 yr. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goodman | | d. STREET ADDRESS (If rural, give location) 0600 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Edmund c. (Last) Garoutte | | | | 4. DATE OF DEATH (Month) (Day) (Year) December 7-1956 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH April 27, 1869 | |
| 9. AGE (In years last birthday) 87 | | IF UNDER 1 YEAR Months 8 Days 10 | | IF UNDER 1 YEAR Hours Min. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY General | | 11. BIRTHPLACE (City and State or Foreign Country) Humbolt Kansas | | | |
| 13a. FATHER'S NAME James Garoutte | | 13b. MOTHER'S MAIDEN NAME Lou Ann Fogue | | 14. NAME OF HUSBAND OR WIFE Anna Garoutte | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Garoutte Goodman, Mo. ADDRESS | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Sudden DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 420.1 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:45 A.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Wm. Humphrey, Jr. Coroner | | | | 23b. ADDRESS Noel - Mo. | | 23c. DATE SIGNED 12-8-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 12-9-56 | | 24c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery | | 24d. LOCATION (City, town, or county) (State) Audubon, Iowa | |
| DATE REC'D BY LOCAL REG. 12-8-56 | | REGISTRAR'S SIGNATURE Marjorie Humphrey | | 25. FUNERAL DIRECTOR'S SIGNATURE Ralph Funeral Home Goodman, Mo. | | ADDRESS | |

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.....

Carley Thompson Sr

Licensed Embalmer No. *3259*

P. O. Address *Neosho 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.