Health, Welfare Public Service

300 -57

FILED FEB 25 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-004371

STATE FILE NUMBER 15

Registration District No. 11 Primary Registration District No. 5041 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Flatcreek — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barry
c. CITY OR TOWN Cassville 0050 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ROBERT Middle J. Last GOUTNEY

4. DATE OF DEATH Month FEB. Day 11, Year 1958

5. SEX male

6. COLOR OR RACE white

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH August 16, 1883

9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming

10b. KIND OF BUSINESS OR INDUSTRY farm

11. BIRTHPLACE (City and state or country) Lawrence County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jim Goutney

13b. MOTHER'S MAIDEN NAME Annie Unknown

14. NAME OF HUSBAND OR WIFE May Goutney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mrs. May Goutney-Cassville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocardial Disease — 5 years.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb-11-1956, to Feb-10-58 and last saw ~~her~~ him alive on Feb. 10-1958
Death occurred at 3 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. E. McDaniel A.B.S.O. 2

22b. ADDRESS Cassville, Mo.

22c. DATE SIGNED 2-11-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-13-1958

23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery

23d. LOCATION (City, town, or county) (State) Cassville, Missouri

24. FUNERAL DIRECTOR Culver's — ADDRESS Cassville, Missouri

25. DATE RECD. BY LOCAL REG. 2-17-1958

26. REGISTRAR'S SIGNATURE Grace Williams

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 258-42

DATE REC. 2-24-58

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 .....
Signature of Student Embalmer

Signed Paul D. Herbert

Licensed Embalmer No. 4576

P. O. Address Cassville, M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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