Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025170
STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 742

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Inside Limits: Yes # No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mercy Inf. — Length of stay in 1b: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Miller 0550 0 — Inside Limits: Yes No #
d. STREET ADDRESS (If outside, give location): R.F.D. # 1 — Reside on Farm: Yes No

3. NAME OF DECEASED (Type or print): First William Middle Anderson Last Garroutte

4. DATE OF DEATH: Month 7 Day 25 Year 1958

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED # NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH: 3-27-1888
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 3 Days 28 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant, general store
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Christian Co. 0 Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Columbus Garoutte
13b. MOTHER'S MAIDEN NAME: Sarah Caroner
14. NAME OF HUSBAND OR WIFE: Eula Garroutte

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO.: 499-18-7995
17. INFORMANT: Mrs. Eula Garoutte Address: Miller 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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES NO 0

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 7-11-58, to 7-24-58 and last saw him alive on 7-24-58
Death occurred at 7:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. P. Maadux M.D. 0
22b. ADDRESS: Springfield, Mo.
22c. DATE SIGNED: 7/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-28-1958
23c. NAME OF CEMETERY OR CREMATORY: Wade Chapel
23d. LOCATION (City, town, or county) (State): NW of Republic Mo.

24. FUNERAL DIRECTOR: Morris Leiman — ADDRESS: Miller Mo
25. DATE RECD. BY LOCAL REG.: 7-29-58
26. REGISTRAR'S SIGNATURE: Effie G. Melton

(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.

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 G. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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