SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-037561

STATE FILE NUMBER

AMENDED

FILED OCT 30 1961 475

Registration District No. 2036 Registrar's No. 58-61

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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

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

3. NAME OF DECEASED (Type or print): First: ELIZABETH Middle: L Last: GAROUTTE

4. DATE OF DEATH: Month: October Day: 22 Year: 1961

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: April 5, 1864

9. AGE (last birthday): 97

IF UNDER 1 YEAR: Months 6 Days 17

IF UNDER 24 HR: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY:

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

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: W. W. Talley

13b. MOTHER'S MAIDEN NAME: Julia Thompson

14. NAME OF HUSBAND OR WIFE:

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:

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): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cellulitis L foot — Unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cellulitis L foot
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 1959, to 10/22/61 and last saw her/him alive on 10/22/61
Death occurred at 0830 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): F. B. Brown, M.D.

22b. ADDRESS: 203 Washington, Aurora, Missouri

22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: October 23, 1961

23c. NAME OF CEMETERY OR CREMATORY: Maple Park Cemetery

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

24. FUNERAL DIRECTOR ADDRESS: Marsh Funeral Home, Inc. Aurora, Missouri

25. DATE RECD. BY LOCAL REG.: Oct 23, 1961

26. REGISTRAR'S SIGNATURE: Bernice Garnsey Deputy

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar L. Ward

Licensed Embalmer No. 3812

P. O. Address Aurora Me

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.