

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31416

State File No. ....

FILED SEP 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 4218 Registrar's No. 42

1. PLACE OF DEATH  
a. COUNTY Henry  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor  
c. LENGTH OF STAY (in this place) 5 years  
d. FULL NAME OF HOSPITAL OR INSTITUTION 309 W. Florence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Henry  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor  
d. STREET ADDRESS (If rural, give location) 309 W. Florence

3. NAME OF DECEASED  
a. (First) CHARLES L. b. (Middle) GAROUTTE c. (Last) GAROUTTE  
4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 8. DATE OF BIRTH Jan. 26, 1878  
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 - Retired 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Lawrence County Mo. D. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Garoutte 13b. MOTHER'S MAIDEN NAME Unknown 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) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. Raymond Edmondson ADDRESS Windsor, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Thrombosis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Hypertension  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO  4201

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 7-11, 1932 to 9-11, 1952, that I last saw the deceased alive on 9-11, 1952, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. Murrell, M.D. 23b. ADDRESS Windsor, Mo. 23c. DATE SIGNED 9/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9-12-52 24c. NAME OF CEMETERY OR CREMATORY Laurel Oak 24d. LOCATION (City, town, or county) (State) Windsor, Missouri

DATE REC'D BY LOCAL REG. Sept-15-52 REGISTAR'S SIGNATURE Florence Adair 25. FUNERAL DIRECTOR'S SIGNATURE Huston Turner ADDRESS Windsor, Mo.

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

0420

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**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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.