

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 3 1944

Registration District No. 138

Primary Registration District No. 5463A

Registrar's No. 52

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

1. PLACE OF DEATH:

(a) County Greene  
 (b) City or town Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Rt. 2, Strafford, Mo.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community Lifetime  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rt. 2, Strafford, Mo.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Wesley Garoutte  
 3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th.  
 year 1944 hour 10 minute 30 A. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Jossie K. Garoutte  
 6. (c) Age of husband or wife if alive 72 years  
 7. Birth date of deceased February 18 1872  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-4 1943 to 4-18 1944  
 that I last saw him alive on 2-20 1944  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>00</u>	hr. _____ min. _____

Immediate cause of death Chronic Valvular Disease

9. Birthplace Billings, Mo. (City, town, or county) (State or foreign country)

Due to Senility

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name W.B. Garoutte  
 13. Birthplace Billings Mo. (City, town, or county) (State or foreign country)  
 14. Maiden name Richards.  
 15. Birthplace Plano, Mo. (City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: none  
 Of operations \_\_\_\_\_  
 Of autopsy none

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Virgil Horton  
 (b) Address Rt. 3, Rogersville, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23, 1944  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Garoutte Cemetery

18. (a) Signature of funeral director Dunn Funeral Home  
 (b) Address Springfield, Mo.

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address Springfield Date signed 4-19-44

19. (a) 4/20/44 (Date received local registrar) (b) [Signature] (Registrar's signature)

1246

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*C. W. McCallister*

Licensed Embalmer No.....

*2891*

P. O. Address.....

**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.**