

S. No. 2  
M-5-42  
7-5-17-39  
PI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** SEP 24 1945  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30875**

Registration District No. **77** Primary Registration District No. **2656** Registrar's No. **28**

1. PLACE OF DEATH:  
(a) County **Lawrence**  
(b) City or town **Everton B.T.D. Mo.**  
(c) Name of hospital or institution: **Residence**  
(d) Length of stay: In hospital or institution **None**  
In this community **None**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Lawrence**  
(c) City or town **Everton B.T.D.**  
(d) Street No. **---**  
(e) Citizen of foreign country? **---**

3. (a) PRINT FULL NAME **Minnie L. Gouty**  
3. (b) If veteran, name war **---**  
3. (c) Social Security No. **---**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **7** day **20**  
year **1945** hour **7** minute **8** P. M.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **E.L. Gouty**  
6. (c) Age of husband or wife if alive **69** years  
7. Birth date of deceased (Month) **11** (Day) **5** (Year) **1868**

21. I hereby certify that I attended the deceased from **7/12**, 19**45** to **7/19**, 19**45**  
that I last saw her alive on **7/19**, 19**45**  
and that death occurred on the date and hour stated above.

8. AGE: Years **76** Months **8** Days **15**  
If less than one day hr. **0** min. **0**

Immediate cause of death **Bacterial endocarditis**  
Due to **Tularemia** **7 days**

9. Birthplace **Missouri**  
10. Usual occupation **Housewife**

Other conditions (Include pregnancy within 3 months of death)  
Major findings: **gba**

MOTHER FATHER {  
11. Industry or business  
12. Name **M. C. Wilk's**  
13. Birthplace **Mo.**  
14. Maiden name **M. Gouty**  
15. Birthplace **N. Carolina**

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
Of autopsy **---**

16. (a) Informant **Mrs. Opha Scott**  
(b) Address **Springfield Mo.**  
17. (a) **Burial** (b) Date thereof **7-23-45**  
(c) Place: burial or cremation **Wiggins Cemetery**

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **Morgan - Linn**  
(b) Address **Ash Grove Mo.**  
19. (a) **8-23-45** (b) **Carroll Whimsey**

While at work? (Specify type of place) (c) Means of injury  
23. Signature **C. F. Starnes** (M.D. or other) **DO.**  
Address **Everton Mo.** Date signed **7/24/45**

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

RECEIVED  
District Health Officer No. 6,  
District File Number 945-970  
Date Filed SEP 19 1945

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 Maudie O. Morris  
Licensed Embalmer No. 2055  
P. O. Address Ash Grove Md.

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.