

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11565

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 383

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

1. PLACE OF DEATH a. COUNTY <u>Greene County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give county) OR TOWN <u>Springfield, Missouri</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Brookline</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ozark Osteopathic Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Route 1</u> <u>0390</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Warren</u> b. (Middle) <u>Harvey</u> c. (Last) <u>Garoutte</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>29</u> <u>1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 3, 1878</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Greene County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Garoutte</u>	13b. MOTHER'S MAIDEN NAME <u>Charity Richards</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Mamie Garoutte</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mamie Garoutte, Brookline, Mo.</u> <u>Mr. Earl Royston, Battlefield, Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Toxemia</u>		
	DUE TO (c) <u>Advanced lobal pneumonia</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Extensive myocardial infarction of left ventricle and extensive thrombophlebitis of right leg originating from left ventricle</u>		490x	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 4-17, 1955, to 4-29, 1955, that I last saw the deceased alive on 4-29, 1955, and that death occurred at 6:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Island E. Wetzel</u> (Degree or title) _____	23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>4/29/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/1/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Garoutte Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greene Co., Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-3-55</u>	REGISTRAR'S SIGNATURE <u>Carth Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Max L. Foster Republic, Missouri</u>
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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.....
Signature of Student Embalmer

Signed *John L. McNamee*.....
Licensed Embalmer No.....463

P. O. Address Republic, Mi.

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.