

FILED JUN 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17677

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 2044

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cassville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Flatcreek)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>6050</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>GOUTNEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 10, 1955</u>
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>Sept. 1, 1905</u>
9. AGE (In years last birthday) <u>49</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Section Foreman</u>	11. BIRTHPLACE (State or foreign country) <u>Pea Ridge, Arkansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Robert Goutney</u>	13b. MOTHER'S MAIDEN NAME <u>May Goutney</u>	14. NAME OF HUSBAND OR WIFE <u>Lilly Belle Goutney</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>488-24-3533</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lillie Belle Goutney-Cassville</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		<u>10 Min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c)		<u>1 yr</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4001</u>	20. AUTOPSY? YES <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19, 55 to June 19, 55, that I last saw the deceased alive on June 10, 1955, and that death occurred at 6:30 am., from the causes and on the date stated above.

23a. SIGNATURE <u>Supervisor Do</u> (Degree or title)	23b. ADDRESS <u>Cassville, Mo.</u>	23c. DATE SIGNED <u>6-14-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-12-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cassville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-21-55</u>	REGISTRAR'S SIGNATURE <u>Mary McDonald, deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul D. Hubert Cassville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 655-275

DATE REC. 6-25-55

REC'D
JUN 28 1955

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 Paul D. Hembest

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.