

FILED NOV 8 1944

Primary Registration District No. 50405139

Registrar's No. 63

1. PLACE OF DEATH:

(a) County **Barry**

(b) City or town **Exeter "Rural" Butterfield Twp.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **life** _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Barry**

(c) City or town **Exeter "Rural" 4mi. n.**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Effie Chloe Goostree**

3. (b) If veteran, name war **--** 3. (c) Social Security No. **--**

4. Sex **F** / 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Emmett Goostree** 6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **Jan. 7 1893**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **23**
year **44** hour **11** minute **A.** M.

21. I hereby certify that I attended the deceased from **2** - **1** 19**44** to **8** - **29** 19**44**
that I last saw him alive on **8-22** 19**44**
and that death occurred on the date and hour stated above.

8. AGE: 51 Years 7 Months 6 Days If less than one day
hr. _____ min.

Immediate cause of death: **Lateral Sinus Thrombosis**
Due to **Acute suppurative sinus infection**

9. Birthplace **Barry Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

MOTHER FATHER { 12. Name **John Higgs**

13. Birthplace **Cassville, Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Anna Duncan**

15. Birthplace **Missouri.** (City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Emmett Goostree**

(b) Address **Exeter Mo.**

17. (a) **burial** (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

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? _____

18. (a) Signature of funeral director **W. H. Hoover**

(b) Address **Cassville, Mo.**

19. (a) **Aug 28-1944** (b) **Grace Williams**
(Date registered local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **Ben Murren** (M. D. or other) _____
Address **Cassville, Mo.** Date signed **8-26-44**

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

RECEIVED

District Health Officer No. 6

District File Number 1044-1101

Date Filed OCT 30 1944

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

W. J. Jones

Licensed Embalmer No.

3453

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.