

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Christian*

Township *Ogan*

Village *Ogan*

City *Ogan* (NO. *184* St.; *19* Ward)

Registration District No. *184*

Primary Registration District No. *4110*

File No. *13848*

Registered No. *19*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME *Earl Couch*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED *Married* WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH *Apr. 26 1896*
(Month) (Day) (Year)

7 AGE *24* yrs. *11* mos. *10* ds. If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *Wool Drier* (b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) *Christian Co., Mo.*

PARENTS 10 NAME OF FATHER *Wade Couch* 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Mo.* 12 MAIDEN NAME OF MOTHER *Jessie Davis* 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Christian Co., Mo.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Jessie Davis* (Address) *Highlandville Mo.*

15 Filed *Apr. 7 1916* *J. W. Britton* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 30 1916*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *X* 191 to *X* 191 that I last saw h. *X* alive on *X* 191 and that death occurred, on the date stated above, at *3 P.M.*

The CAUSE OF DEATH* was as follows: *Accidental drowning*

183
169
(Duration) *169* mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds. (Signed) *W. B. Hanson* Coroner M. D. (Address) *Nixa, Mo.*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death? Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL *Highlandville, Mo.* DATE OF BURIAL *Mar. 31 1916*

20 UNDERTAKER *Robertson Bros.* ADDRESS *Ogan Mo.*

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
County of Christian } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS
AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 13843-16
Local Registrar's No. 19

On this 1 day of 1948, before me appears Mrs Myrtle Couets Bryant, who, upon her oath, states that the original record of ^{birth} death for Earl Couch ^{died} born March 30, 1916 in the State of Missouri, and which was filed at Ozark, Missouri on Apr 7, 1936, should be corrected as follows:

Item No. Name should read EARL COUTS

Instead of EARL COUCH

Item No. Name of Father should read WADE COUTS

Instead of WADE COUCH

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Myrtle Couets Bryant ^{wife}
Relationship.

Eldorado, Kansas Box 364
Present Address.

Subscribed and sworn to before me this 31st day of March, 1948

My Commission expires Dec 7 1959 [Signature] Notary Public.

V. S. 135
AM-4-43
MVI X36887

State File No.

13843-16

State of Missouri))
County of Christian) ss

I, the undersigned B. C. Klepper, hereby state that I was funeral director for Robertson Brothers, undertakers, of Ozark, Missouri during the year of 1916.

As such director, I had charge of the burial of one described on death certificate as "Earl Couch" who died in Ozark, Missouri on March 30, 1916. Cause of death was accidental drowning. Burial was in Highlandville, Missouri cemetery on March 31, 1916.

I further state that name of deceased as shown on death certificate is spelled incorrectly, and that the the correct name of deceased was "Earl Couts".

B. C. Klepper
Funeral Director

Subscribed and sworn to before me this 16th day of April, 1958.

[Signature]
Notary Public

Term expires December 2, 1959