

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

39073
 Do not use this space.

1. PLACE OF DEATH
 (a) County Burlington 1 Registration District No. 85
 (b) Township St Joseph Primary Registration District No. 1001 Registered No. 1207
 (c) City St Joseph (d) Street No. St Hospital # 2 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 3 yrs. 0 mos. 27 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ollic Couch
 (a) Residence, No. 2010 Indiana St. 18 across City, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Couch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 1 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER 13. NAME not known

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER 15. MAIDEN NAME not known

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Hospital records

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Green Lawn Cem. DATE Nov. 25-39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C.H. Blackman & Son, Inc.
2825 Indep. Bldg. K.C.Mo.

20. FILED 11/24/39 19 1939
St. Joseph
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1937, to Nov. 23, 1939

I last saw him alive on November 23, 1939 Death is said to have occurred on the date stated above, at 7:35 p.m.
 The principal cause of death and related causes of importance were as follows:

Pronounced pneumonia

Date of onset 11/1/39

Other contributory causes of importance: Senile psychosis

Name of operation none Date of
 What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) A. H. O'Connell, M. D.
 (Address) State Hospital No 2

N. B.—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.

RECORDED WITH ORIGINALS IN THIS IS A PERMANENT RECORD

RECORDED 11 30

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.D. Blackman

Licensed Embalmer No. 3639

P. O. Address K.C. 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, above space should be left blank.