No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38842

Registration District No. 383 Primary Registration District No. 5533 Registrar's No.

1. PLACE OF DEATH

(a) County HOWELL

(b) ~~City or town~~ RURAL CHAPEL TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
WEST PLAINS, MO. RURAL ROUTE #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether
In this community 14 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL

(c) City or town RURAL
(If outside city or town limits write "RURAL")

(d) Street No. WEST PLAINS, MO. ROUTE 2.
(If rural, give location)

0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME STERLING PRICE COUCH

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife PEARL LAMB COUCH

6. (c) Age of husband or wife if alive years

7. Birth date of deceased NOV. (Month) 10, (Day) 1861 (Year)

8. AGE: Years 79 Months 0 Days 12 If less than one day hr. min.

9. Birthplace OREGON CO., (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER 0

11. Industry or business — 1

FATHER
12. Name SIMPSON COUCH
13. Birthplace — (City, town, or county) Ky. (State or foreign country) 0

MOTHER
14. Maiden name REBECCA ROBERTS
15. Birthplace — (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. RUFUS E. ROUSH
(b) Address WEST PLAINS, MO. ROUTE 2.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. (Month) 25 (Day) 1940 (Year)
BIG APPLE TWP. MO.

(c) Place: burial or cremation KOSHKONONG, Oregon Co., Mo.

18. (a) Signature of funeral director Hal Thornburgh
(b) Address WEST PLAINS, MO.

19. (a) (Date received local registrar) (b) G. W. Kimmingham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 23, year 1940 hour 11: minute 20 P.M.

21. I hereby certify that I attended the deceased from Aug-1st 1940 Nov-28-, 1940 to Nov-23-, 1940; that I last saw him alive on Nov-21-, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Valvulcer Disease

Due to Of Heart

Due to age

Other conditions 92 W
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
343 (Specify type of place)
While at work? (e) Means of injury

23. Signature T. E. Ferrell (M. D. or other) 1
Address Mtn View MO Date signed 1

(Licensed Embalmer's Statement on Reverse Side)

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 Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.