

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

21799

Registration District No. 467175

Primary Registration District No. 42803036

Registrar's No. 68

## 1. PLACE OF DEATH:

(a) County Lawrence  
 (b) City or town Aurora  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Aurora Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community.....  
 years, months or days)

3. (a) PRINT FULL NAME Felix Couch

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex m. 5. Color or face w 6. (a) Single, widowed, married, divorced. m.

6. (b) Name of husband or wife Jewell 6. (c) Age of husband or wife if alive. 31 years

7. Birth date of deceased. March 13 1881  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 1 29 hr. min.

9. Birthplace. Tenn  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name David Couch

13. Birthplace Tenn  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Couch

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

16. (a) Informant Mrs Jewell Couch

(b) Address Simmons mo

17. (a) Burial (b) Date thereof May 5 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Simmons

18. (a) Signature of funeral director Gaylord V. Elliott  
 (b) Address Carroll mo.

19. (a) May 5 1943 (b) Eunice Lewis  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Texas  
 (c) City or town Rural Cass Tex  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.....  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
 year 1943 hour..... minute..... M.

21. I hereby certify that I attended the deceased from April 21  
1943 to May 2 1943

that I last saw him alive on May 2 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis :Duration

Due to Chronic Pyelonephritis  
+ Myocarditis

Due to.....

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

Major findings:  
 Of operations.....

Of autopsy.....

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

23. Signature W. B. Herron (M: D. or other)  
 Address Aurora, mo Date signed 5/5/43

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

MOTHER FATHER

RECEIVED

District Health Officer

District File No. 643-799

Date Filed ~~APR 28 1958~~

APR 28 1958

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 *Herman M. Duridge*

Licensed Embalmer No. 3072

P. O. Address Aurora 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.