V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41507

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 45

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

58
2
1

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Marceline
(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 1 (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

(c) City or town Marceline 2
(If outside city or town limits, write "RURAL")

(d) Street No. 414 N Kans Ave 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Bills Couch

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Corabel Davis Couch

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October (Month) 21 (Day) 1878 (Year)

8. AGE: Years 66 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Chariton Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Post Office Clerk

11. Industry or business

FATHER
12. Name Isaac C Couch
13. Birthplace Bucklin (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Florida Jane Green
15. Birthplace — (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Mrs W. B Couch
(b) Address Marceline Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director James M Laughlin
(b) Address Marceline Mo

19. (a) 12/15/44 (Date received local registrar) (b) P. L. Patrick M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 9, 1944, to Dec 12, 1944;
that I last saw him alive on Dec 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Coronary Thrombosis

Due Coronary Sclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94a

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature P. L. Patrick (M. D. or other)
Address Marceline, Mo Date signed 12/15/44

B5U

(Licensed Embalmer's Statement on Reverse Side)

Frick

JUL 3 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 Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline 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.