

FILED MAY 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
16398

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1689</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> <u>0190</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>13 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Garden City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northeast Osteopathic hosp</u>				d. STREET ADDRESS (If rural, give location) <u>R # 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>Oma</u> c. (Last) <u>Couthon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1952</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1-22-1915</u>		9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jim H. Simpson</u>			13b. MOTHER'S MAIDEN NAME <u>Julie-</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Thomas Couthon</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert Thomas Couthon</u> ADDRESS <u>Garden City, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diffuse peritonitis</u>					<u>3 days</u>
		ANTECEDENT CAUSES <u>Intestinal obstruction with</u>					<u>5 days</u>
		DUE TO (b) <u>perforation.</u> DUE TO (c) <u>Volvulus of the terminal ileum</u>					<u>5 days</u>
19a. DATE OF OPERATION <u>4-12-52</u>		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>4-12</u> , 19 <u>52</u> , to <u>4-13</u> , 19 <u>52</u> that I last saw the deceased alive on <u>4-13</u> , 1952, and that death occurred at <u>2:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE OF REGISTRAR <u>Frank E. Day, D.O.</u> (Degree or title) <u>Day</u>				23b. ADDRESS <u>4314 E. 9th, K.C. Mo.</u>		23c. DATE SIGNED <u>4-13-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>4-13-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>--</u>		24d. LOCATION (City, town, or county) (State) <u>Garden City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-13-52</u>		REGISTRAR'S SIGNATURE <u>Theraline Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson & Dickey</u> ADDRESS <u>Garden City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.

WRITE PLAINLY—USING UNFADING INK

etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 4-12-52		19b. MAJOR FINDINGS OF OPERATION <i>Butler</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-12</u> , 19 <u>52</u> , to <u>4-13</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-13</u> , 19 <u>52</u> , and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <i>F. E. Day D.O.</i> (Degree or title)		23b. ADDRESS <i>4314 E. 9th K.C. Mo</i>	
23c. DATE SIGNED <i>4-13-52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>4-13-52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>—</i>		24d. LOCATION (City, town, or county) (State) <i>Garden City, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>4-13-52</i>		REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Atkinson & Dickel</i>		ADDRESS <i>Garden City, Missouri</i>	

(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~~

working under my personal supervision.

Student Embalmer No.

Signed

Paul J. Shively

Licensed Embalmer No. *4685*

P. O. Address *Jordan City, Mo.*

Signed.....
Student Embalmer

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.