

FILED OCT 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32261**

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 319	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		1644	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 221 South Tenth				d. STREET ADDRESS (If rural, give location) 221 South Tenth			
3. NAME OF DECEASED (Type or Print) Susan Couch		a. (First)		b. (Middle)		c. (Last)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH October 24, 1897	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (City and State or Foreign Country) Tennessee		9. AGE (In years last birthday) 74 # UNDER 1 YEAR Months 11 Days 15 # UNDER 24 HRS. Hours 15 Min.	
13a. FATHER'S NAME Ison Meadows		13b. MOTHER'S MAIDEN NAME Matilda Gregory		14. NAME OF HUSBAND OR WIFE B. F. Couch (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. B. F. Couch 221 South Maple Hannibal Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Patient found dead in bed. Had been treated for Heart Disease. Conditions contributing to the death but not related to the disease or condition causing death				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4343				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 and dead , 19____, to _____, 19____, that I last saw the deceased alive on Oct 4 , 19____, and that death occurred at 10:00am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. M. Lucke M.D.				23b. ADDRESS Hannibal Mo.		23c. DATE SIGNED 10-10-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/11/52		24c. NAME OF CEMETERY OR CREMATORY Salt Lick		24d. LOCATION (City, town, or county) (State) Boots Missouri Spaulding Spring	
DATE REC'D BY LOCAL REG. 10/10/52		REGISTRAR'S SIGNATURE E. M. Lucke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. A. Fisher Hannibal Mo			

(Licensed Embalmers' Statement on Reverse Side)

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

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RECEIVED OCT 13 1952
MARION CO. HEALTH DEPT.
DATE FILED OCT 13 1952

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. 4540

P. O. Address Hannibal Missouri

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.