

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25934**

FILED JUL 18 1953

BIRTH NO. _____		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 4434		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Ralls				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls			
b. CITY (If outside corporate limits, write RURAL and give township) Center, Missouri		c. LENGTH OF STAY (In this place) 20 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Center, Missouri		0870	
d. FULL NAME OF HOSPITAL OR INSTITUTION Center, Missouri				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Othie		a. (First)		b. (Middle) L.		c. (Last) Couch	
4. DATE OF DEATH July 8, 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married Single	
8. DATE OF BIRTH Aug 12, 1892		9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 10 Days 27		IF UNDER 2 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Auto Mechanic		11. BIRTHPLACE (City and State or Foreign Country) Center, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harry Couch		13b. MOTHER'S MAIDEN NAME Elizabeth Stapleton		14. NAME OF HUSBAND OR WIFE Single			
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. NO.		17. INFORMANT'S SIGNATURE OR NAME Wm H. Couch		ADDRESS Center, Missouri	
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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 <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 No medical attention , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Clyde Wilkey		(Degree or title) Coroner		23b. ADDRESS Perry, Mo. Ralls County		23c. DATE SIGNED 7-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-11-1953		24c. NAME OF CEMETERY OR CREMATORY Norton Cemetery		24d. LOCATION (City, town, or county) (State) Ralls Co. Mo	
DATE REC'D BY LOCAL REG. 7-12-53		REGISTRAR'S SIGNATURE Clyde Wilkey		25. FUNERAL DIRECTOR'S SIGNATURE Robert W. ...		ADDRESS ...	

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

70

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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Permy No

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.