

BIRTH NO. _____		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>4434</u>		Registrar's No. _____	
1. PLACE OF DEATH ^a				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Ralls.</u>		b. STATE <u>Missouri</u>		c. COUNTY <u>Ralls.</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Center, Missouri.</u>		c. LENGTH OF STAY (In this place) <u>74Yrs</u>		c. CITY OR TOWN <u>Center, Missouri</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Center, Missouri.</u>				e. STREET ADDRESS (If rural, give location) <u>Center, Missouri.</u> 0870			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Effie</u>	b. (Middle)	c. (Last) <u>Couch</u>	Date (Month) (Day) (Year)	<u>Feb 25, 1956</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>Nov 7, 1881</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u>	IF UNDER 24 HRS. Hour <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Center, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J.T. Howard</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Griffin.</u>		14. NAME OF HUSBAND OR WIFE <u>Wm H. Couch</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Howard Couch Quincy, Illinois.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				<u>3 hours</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Virus Bronchial Pneumonia</u>				<u>7 1/2 hrs.</u>	
		DUE TO (c) <u>unknown</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension approx. 10 yrs</u>					
19a. DATE OF OPERATION <u>Alone</u>		19b. MAJOR FINDINGS OF OPERATION <u>492X</u>				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>1-10, 1956</u> to <u>2-25, 1956</u> , that I last saw the deceased alive on <u>2-25, 1956</u> , and that death occurred at <u>8:15 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. H. Brooks D.O.</u>				23b. ADDRESS <u>Center, Missouri.</u>		23c. DATE SIGNED <u>2-27-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-27-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Olovett Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Center, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>2-27-56</u>		REGISTRAR'S SIGNATURE <u>Clyde Wesley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Wesley</u>		ADDRESS <u>Perry, Mo.</u>	

MAY 31 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 Student Embalmer No. working under my personal supervision..

Student..... Signature of Student Embalmer

Signed..... *Clyde Wisney*

Licensed Embalmer No. 382

P. O. Address..... Perry, Miss

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.