

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5281**

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 3030		Registrar's No. 20		
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JEFFERSON				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Festus 0500		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 9th Vine Str.				e. STREET ADDRESS (If rural, give location) 9th Vine Street				
3. NAME OF DECEASED (Type or Print) a. (First) ALRED			b. (Middle) W.		c. (Last) Couch		4. DATE OF DEATH (Month) (Day) (Year) 2-25-57	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 9-16-1892		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHARMACIST		10b. KIND OF BUSINESS OR INDUSTRY DRUG STORE		11. BIRTHPLACE (City and State or Foreign Country) De Soto - Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Couch		13b. MOTHER'S MAIDEN NAME JULIA WILLIAMS		14. NAME OF HUSBAND OR WIFE Gertrude				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Herbert Green, De Soto - 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) Coronary thrombosis 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 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				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 4201				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 2		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 request , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) James C. Roberts, Coronator				23b. ADDRESS Festus, Mo.		23c. DATE SIGNED 2/27/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-2-57	24c. NAME OF CEMETERY OR CREMATORY Fairlawn Cemetery		24d. LOCATION (City, town, or county) (State) Decatur Ill.			
DATE REC'D BY LOCAL REG. 2-27-57		REGISTRAR'S SIGNATURE John G. Roberts		25. FUNERAL DIRECTOR'S SIGNATURE J. J. Moran		ADDRESS 9 S. S. Decatur, Ill.		

(Licensed Embalmer's Signature on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 5 1957

MAR 14 1957

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 *Quincy B. Plutte*
Licensed Embalmer No. *3481*
P. O. Address *Crystal City*

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.