

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011137
STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 295 Primary Registration District No. 4443 Registrar's No. 321

health, Welfare public service
300
1-56
ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

0580
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| | | | | | | | |
|--|--|---|--|--|--|--|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <u>Randolph</u> | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Huntsville</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Randolph</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Winkler Nursing Home</u> | | Length of stay in <u>2</u> years | | c. CITY OR TOWN <u>Huntsville</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First <u>John</u> | | Middle | | Last <u>Couling</u> | | Month <u>March</u> Day <u>18</u> Year <u>1958</u> | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>May 11, 1876</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u> | | 9. AGE (In years last birthday) <u>81</u> | | 11. BIRTHPLACE (City and state or country) <u>Don't know</u> | |
| 13. FATHER'S NAME <u>Don't know</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>United States</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT Address <u>Mrs. Ralph Miller: Huntsville, Missouri</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage (Left)</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | DUE TO (b) <u>Hypertension</u> | |
| | | | | | | DUE TO (c) <u>331X</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour <u>a. m.</u> Month, Day, Year <u>p. m.</u> | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>May 2, 1947</u> to <u>March 17, 1958</u> and last saw <u>him</u> alive on <u>3/17/58</u> Death occurred at <u>1:30 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>P. Widmeyer MD</u> | | | | 22b. ADDRESS <u>Huntsville, Mo.</u> | | 22c. DATE SIGNED <u>3/20/58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 23b. DATE <u>March 20, 1958</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Tom B. Patton</u> ADDRESS <u>Huntsville, Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>March 21, 1958</u> | | 26. REGISTRAR'S SIGNATURE <u>Mary H. Bentley</u> | |

(Licensed Embalmer's Statement on Reverse Side)

SEP 4 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 *Tom B. Patton*

Licensed Embalmer No. *39*

P. O. Address *Hunts*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.