

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020681  
STATE FILE NUMBER

FILED JUN 3 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Nevada 108<sup>th</sup></b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>City Hospital</b>		Length of stay in 1b <b>6 Mo.</b>	d. STREET ADDRESS (If outside, give location) <b>107 No. Spring</b> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last (Type or print) <b>Glessie Couch</b>			4. DATE OF DEATH Month Day Year <b>May 15 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>29 Feb. 1904</b>
9. AGE (In years last birthday) <b>54</b>		FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>	11. BIRTHPLACE (City and state or country) <b>Vernon Co. Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Jasper P. Burris</b> <del>W. H. Burris</del>	
13b. MOTHER'S MAIDEN NAME <b>Mona Ann Pettibon</b>		14. NAME OF HUSBAND OR WIFE <b>Ray Couch</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> <input checked="" type="checkbox"/> <b>X</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Ray Couch Nevada, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized Carcinomatosis of brain, thorax &amp; abdomen</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Primary carcinoma of the breast - removed 1952.</b>			<b>6 yrs.</b>
DUE TO (c) <b>NOX</b>			
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"/> <b>2</b>
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <b>October 11, 1951</b> to <b>May 15, 1958</b> and last saw her alive on <b>May 15, 1958</b> Death occurred at <b>Nevada, Mo.</b> <b>9:40 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R. B. Gray, M. D.</b>		22b. ADDRESS <b>Moore Building, Nevada, Mo.</b>	22c. DATE SIGNED <b>5-17-1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-18-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Deerfield Mo.</b>	23d. LOCATION (City, town, or county) (State) <b>Deerfield Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Richard L. Shorten Nevada, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-27-1958</b>	26. REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. All diseases in Part I must be causally related.

JUN 1959

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 *Raymond C. McCord*

Licensed Embalmer No. *4853*  
P. O. Address *Reada, Md.*

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.