

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043055
STATE FILE NUMBER

FILED DEC 2 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 218

S. 300
-1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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| 1. PLACE OF DEATH a. COUNTY --Vernon | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Vernon | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada | | Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Bronaugh | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DCA Nevada Hospital | | Length of stay in lb Lifetime | d. STREET ADDRESS Rural | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last CLYDE VERNON COUCH | | | 4. DATE OF DEATH Month Day Year November 17 1958 | | | |
| 5. SEX M O | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 14, 1889 | 9. AGE (In years last birthday) 69 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) Bronaugh Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME John Oliver Couch | | 13b. MOTHER'S MAIDEN NAME Martha Jane McCracken | | 14. NAME OF HUSBAND OR WIFE Nellore Ann Couch | | |
| 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. 492-36-9342 | 17. INFORMANT Mrs. C. V. Couch, Bronaugh, Missouri | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis - long standing DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH Sudden death 2 years 4201 | |
| 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 <input type="checkbox"/> WORK AT WORK | 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 Aug. 22, 1953 to Nov. 17, 1958 and last saw him ^{her} alive on October 28, 1958. Death occurred at Bronaugh, Mo. 6:30 P.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE R. B. Wray, M. D. | | | 22b. ADDRESS Moore Bldg., Nevada, Missouri | | 22c. DATE SIGNED 11/21/58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1958 November 21 | 23c. NAME OF CEMETERY OR CREMATORY Worsley Cemetery | | 23d. LOCATION (City, town, or county) (State) Bronaugh Missouri | | |
| 24. FUNERAL DIRECTOR Ferry Funeral Home Nevada, Missouri | | 25. DATE RECD. BY LOCAL REG. 11-29-1958 | 26. REGISTRAR'S SIGNATURE Anna E. Perry | | | |

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 *L Douglas Denny*

Licensed Embalmer No. *4960*

P. O. Address *Menasha, W.I.*

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.