

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-004790

STATE FILE NUMBER

Registration District No. 326 Primary Registration District No. _____ Registrar's No. 108

FILED JAN 21 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0990

0990

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9470X

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Memphis</u>		Length of stay in 1b <u>45 yr</u>	c. CITY OR TOWN <u>Memphis</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Be 0750</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Be 0750</u> First Middle Last <u>Be 0750</u> <u>EMILLARD</u> <u>COUCH</u>			4. DATE OF DEATH Month Day Year <u>1</u> <u>18</u> <u>1963</u>
5. SEX <u>m.</u>	6. COLOR OR RACE <u>w</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>12-31-1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>84 yrs</u>
13a. FATHER'S NAME <u>George Franklin Couch</u>		11. BIRTHPLACE (City and state or country) <u>Cawley Co. Kansas</u>	
13b. MOTHER'S MAIDEN NAME <u>Belzora Ann Laws</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
14. NAME OF HUSBAND OR WIFE <u>Beulah Pearl Couch</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war dates) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs O.W. McKinney Memphis Mo</u>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u> DUE TO (b) <u>cell</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 <u>Jan 17 63</u> to <u>Jan 18 63</u> and last saw her alive on <u>Jan 18 63</u> Death occurred at <u>8:20 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. E. Symmonds MD</u>		22b. ADDRESS <u>Memphis Mo</u>	22c. DATE SIGNED <u>Jan 18 63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Jan 20 63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memphis</u>	23d. LOCATION (City, town, or county) <u>Memphis</u>
24. FUNERAL DIRECTOR <u>W. H. Bechtel Memphis Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-18-63</u>	26. REGISTRAR'S SIGNATURE <u>Vera G. Purmes</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

VS FEB 21 1963

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 *J. W. H. [Signature]*

Licensed Embalmer No. 4258

P. O. Address Memphis TN

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.