

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028426

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 261

FILED AUG 5 1963

VS 300
Rev. 4/59

1 0808
2 0808
3
4 0
5 0
6
7 0
8 2
9 9219
10 46
11 132
12 1-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in 1b 7 weeks	c. CITY OR TOWN Sedalia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1909 South Kentucky Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First THOMAS Middle COUCH Last COUCH			4. DATE OF DEATH Month July Day 29 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/7/63
9. AGE (last birthday) Months 1 Days 22 Hours Min. 		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *****	
11. BIRTHPLACE (City and state or country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Everett O. Couch		13b. MOTHER'S MAIDEN NAME Carmen L. Holloway	
14. NAME OF HUSBAND OR WIFE *****		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 Everett O. Couch, 1909 South Kentucky Sedalia, 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) Asphyxia DUE TO (b) Aspiration of formula 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) Post-mortem X-ray examination was negative			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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Baby vomited and inhaled formula.	
20c. TIME OF INJURY Hour 11:40 a.m. 7-29-63 Month, Day, Year	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.) DOA. at Bothwell Memorial Hospital, Sedalia, Mo.		20f. CITY, TOWN, OR LOCATION Sedalia, Mo. COUNTY Pettis STATE MO.	
21. I viewed the body of the deceased, as Deputy Coroner, Pettis County, at 12:15 P.M. I examined the deceased on 7-29-63 at 11:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. Rodeman M.D. Deputy Coroner, Pettis County, Jordan Bldg. Sedalia, Mo.		22b. ADDRESS Jordan Bldg. Sedalia, Mo.	22c. DATE SIGNED 7-30-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/1/63	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	23d. LOCATION (City, town, or county) (State) Sedalia, Missouri
24. FUNERAL DIRECTOR Thane [Signature]		25. DATE RECD. BY LOCAL REG. July 31, 1963	26. REGISTRAR'S SIGNATURE Francis Shelby [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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. E. Baker

Licensed Embalmer No. 2419

P. O. Address

Sedalia Mo

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.