

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUL 26 1948

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Petterson

22813

State File No.

Registrar's No. 593

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1134 E. Grand  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 yrs  
years, months or days

3. (a) PRINT FULL NAME Betty Price Coussens

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 8 1876  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Nashville Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name Andrew Coussens

13. Birthplace Nashville Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Price

15. Birthplace \_\_\_\_\_ Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary R. Coussens

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 7/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 7-20-48 (b) W.S. Handley, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1134 E. Grand 6  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19  
year 1948 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 24 May  
1948, to 5 July, 1948.  
that I last saw her alive on 1 July, 1948.  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Arthritis, Hypertrophic, severe  
and

Due to Secondary to debility resulting  
from infections at pressure sore

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None 107

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury ✓

23. Signature W.S. Handley, M.D. (M. D. or other) MD  
Address Springfield, Mo. Date signed 20 July 48

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Walter E Hamell*

Licensed Embalmer No. *3808*

P. O. Address.....

*Springfield Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**