

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9797

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 4387 Registrar's No. 5

0150

1. PLACE OF DEATH  
a. COUNTY Oregon  
b. CITY (If outside corporate limits, write RURAL and give township) ALTON  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri  
b. COUNTY Oregon  
c. CITY (If outside corporate limits; write RURAL and give township) ALTON  
d. STREET ADDRESS (If rural, give location) 0750

3. NAME OF DECEASED  
a. (First) Eliza Couch  
b. (Middle) Young  
c. (Last) Young  
4. DATE OF DEATH 3-6-50

5. SEX F 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed  
8. DATE OF BIRTH Jan 9, 1870  
9. AGE (In years last birthday) 80  
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  
11. BIRTHPLACE (State or foreign country) Dale Co. Missouri  
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Albert Couch  
13b. MOTHER'S MAIDEN NAME Martha Couch  
14. NAME OF HUSBAND OR WIFE Robert A. Young

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'S SIGNATURE OR NAME Frank Young ADDRESS Alton Mo.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Occlusion  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Changes  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None  
INTERVAL BETWEEN ONSET AND DEATH 4-20

19a. DATE OF OPERATION None  
19b. MAJOR FINDINGS OF OPERATION None  
20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None  
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None  
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Oregon (Alton) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) None  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from April 15, 1949, to March 6, 1950, that I last saw the deceased alive on March 6, 1950, and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) J. O. Clary  
23b. ADDRESS Alton Mo.  
23c. DATE SIGNED 3-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
24b. DATE 3-8-50  
24c. NAME OF CEMETERY OR CREMATORY Smith Cemetery  
24d. LOCATION (City, town, or county) (State) Alton Mo.

DATE REC'D BY LOCAL REG. Mar 25-50 REGISTRAR'S SIGNATURE Mrs W Johnson 253  
25. FUNERAL DIRECTOR'S SIGNATURE John O. Clary ADDRESS

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

RECEIVED 3-29-50

District Health Officer No. 8,

District File Number 3-50-206

Date Filed 3-30-50

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.....

working under my personal supervision.

Student Embalmer No.....

Signed

*John Q. Clary*

Licensed Embalmer No. 4475

P. O. Address Box 398, Altamont, Mo.

Signed.....  
Student Embalmer

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