

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **24016**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **65**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Pike</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Vandeventer Hill</b>		d. STREET ADDRESS (If rural, give location) <b>Vandeventer Hill</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Alva</b> b. (Middle) <b>Couch</b> c. (Last) <b>Couch</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 19, 1951</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Oct. 1, 1873</b>
<b>9. AGE</b> (In years last birthday) <b>78</b> <b>10. MONTHS</b> <b>9</b> <b>11. DAYS</b> <b>18</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farming</b>	
<b>11. BIRTHPLACE</b> (State or foreign country) <b>Illinois</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Lewis Couch</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Sarah Jane Daniels</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Celesta M. Couch</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>?</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Harold L. Couch</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  <b>19. DATE OF OPERATION</b> _____		<b>MEDICAL CERTIFICATION</b> <b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 + yr</b> <b>2 + yr</b> <b>10 yr +</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>22. I hereby certify that I attended the deceased from</b> <b>6-30, 1951</b> , to <b>7-19, 1951</b> , that I last saw the deceased alive on <b>7-13, 1951</b> , and that death occurred at <b>4:55 a.m.</b> , from the causes and on the date stated above.		<b>23. SIGNATURE</b> <b>Chas. H. Remeller</b> (Degree or title) <b>M.D.</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>July 21, 1951</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Riverview Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) <b>Louisiana, Missouri</b>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Bernice Collier</b>		<b>26. ADDRESS</b> <b>374 Halcy Mortuary, Louisiana, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JUL 28 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 751-1336  
Date Filed: JUL 28 1951

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Geo. M. Collier*

Signed .....  
Student Embalmer

Licensed Embalmer No. 3839

P. O. Address *Louisiana, 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 this body is not embalmed, fact should be so stated above.