

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29718**

FILED OCT 6-1951

BIRTH NO. _____ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 4081 Registrar's No. 18

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

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bosworth</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bosworth</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WINNIE</u> b. (Middle) <u>FAY</u> c. (Last) <u>Couch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29 1951</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec 30 1892</u>		9. AGE (In years) (Month) (Day) (Hours) (Min.) <u>5-8</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Carroll Co. Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY?	

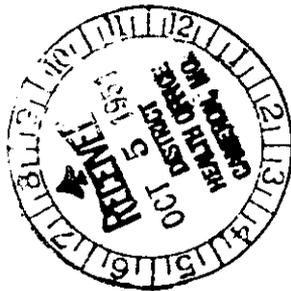
13a. FATHER'S NAME <u>James C. Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Knight</u>		14. NAME OF HUSBAND OR WIFE <u>Virgil Couch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Virgil Couch, Bosworth Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>		DUPLICATE OF (b) <u>Coronary Thrombosis</u>		<u>Few Min.</u>	
DUPLICATE OF (c) <u>Arteriosclerosis</u>		DUPLICATE OF (d) <u>Acute Indigestion</u>		<u>Unknown</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Unknown</u>	

19a. DATE OF OPERATION <u>X X</u>		19b. MAJOR FINDINGS OF OPERATION <u>X X X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X X</u>	

22. I hereby certify that I attended the deceased from Sept. 29, 1951, to Sept. 29, 1951, that I last saw the deceased alive on Sept. 29, 1951, and that death occurred at 10:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert N. Clarke M.D.</u>		23b. ADDRESS <u>Bosworth, Mo.</u>		23c. DATE SIGNED <u>Oct. 1, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Pearl Koch</u>		24f. ADDRESS <u>47 Standley Ave. Carrollton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-2-1951</u>		REGISTRAR'S SIGNATURE		REGISTRAR'S ADDRESS	



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
Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.