

FILED NOV 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40397**
Registrar's No. **172**

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 172		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY SCOTT		b. CITY (If outside corporate limits, write RURAL and give township) SIKESTON		a. STATE MO		b. COUNTY SCOTT		
c. CITY OR TOWN SIKESTON		c. LENGTH OF STAY (In this place) 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) SIKESTON		d. STREET ADDRESS (If rural, give location) R 7th # 2 Home		
d. FULL NAME OF HOSPITAL OR INSTITUTION R 7th # 2 Home								
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) STELLA	b. (Middle) BELLE	c. (Last) COUCH	Month 10	Day 27	Year 1951			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY in home	11. BIRTHPLACE (State or foreign country) WHITE CO., ILL			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME MILRO ROBERTSON		13b. MOTHER'S MAIDEN NAME MANDY BRAZIER		14. NAME OF HUSBAND OR WIFE Robert L. Couch Jr				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Paul Couch - Sikeston, MO				
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (b) _____						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS						
		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
					345X			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Probably, possibly? _____, 19 51 , that I last saw the deceased alive on _____, 19 51 , and that death occurred at 12:45 P.M. from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Sammy Martin MD			23b. ADDRESS Sikeston, Mo			23c. DATE SIGNED 11-13-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-29-1951	24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Sikeston MO			
DATE REC'D BY LOCAL REG. 11-17-51		REGISTRAR'S SIGNATURE Mrs. Ella H. Hurd		25. FUNERAL DIRECTOR'S SIGNATURE Welch Funeral Home - Sikeston MO				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 19 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 1151-240

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 Raymond Greus

Licensed Embalmer No. 3467

P. O. Address. Sikeston 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.