

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30530

State File No.

FILED AUG 25 1952

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Taney</u> 1069 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson</u> c. LENGTH OF STAY (in this place)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson</u> 7060 d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Norm</u> c. (Last) <u>Couchman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-16-52</u>	

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Dec 20 1901</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days	IF UNDER 6 Mths. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Memphis MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Harold S Couchman</u>		13b. MOTHER'S MAIDEN NAME <u>Larinda Couchman</u>		14. NAME OF HUSBAND OR WIFE <u>Cletton Couchman</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>495-01-660</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Branson MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, Essential</u>		
	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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 July, 1952, to 8-16, 1952, that I last saw the deceased alive on 8-16, 1952, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.C. Wagner M.D.</u>	23b. ADDRESS <u>Branson, MO</u>	23c. DATE SIGNED <u>8/21/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8-18-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clark Memorial Park</u>
		24d. LOCATION (City, town, or county) (State) <u>Branson MO</u>

DATE REC'D BY LOCAL REG. <u>8/22/52</u>	REGISTRAR'S SIGNATURE <u>S.E. Cogswell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Wheelchel</u>	ADDRESS <u>Branson MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

5-20-52
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 8-20-52
 10-48

AUG 25 1957

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 Messiah J. Mitchell

Licensed Embalmer No. 2277

P. O. Address Princeton, 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.