

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35377**
Registrar's No. **299**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY ST LOUIS CITY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 17 yrs 10 mos		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI STATE PENITENTIARY		e. STREET ADDRESS (If rural, give location) UNKNOWN	
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) _____ c. (Last) COUCH		4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 17 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNKNOWN	8. DATE OF BIRTH MARCH 6, 1907
9. AGE (In years last birthday) 46		10. MONTHS 7	11. DAYS 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME UNKNOWN	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME STATE PENITENTIARY HOSPITAL RECORDS		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple stab wounds chest and abdomen		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
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 E 982X	
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, etc.) Prison yard		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson City, Cole, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Dec 17-1953 9:50 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW AND INJURY OCCUR? was stabbed with file -		by fellow inmate	
22. I hereby certify that I attended the deceased from Nov , 19____, to _____, 19____, that I last saw the deceased alive on Nov , 19____, and that death occurred at 9:50 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. B. Bruce, M.D.		23b. ADDRESS Jefferson City, Missouri	
23c. DATE SIGNED 10-19-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct-20-53		24c. NAME OF CEMETERY OR CREMATORY Valhalla	
24d. LOCATION (City, town, or county) (State) St. Louis City		24e. DATE REC'D BY LOCAL REG. Dec 19-1953	
REGISTRAR'S SIGNATURE R. P. Davis, M.D.		FEDERAL DIRECTOR'S SIGNATURE W. H. ...	
ADDRESS Jefferson City, Mo		ADDRESS	

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

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.....
Signature of Student Embalmer

Signed *Steph J. Jordan*

Licensed Embalmer No. *1786*
P. O. Address *Jff City W*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.