

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**38207**

State File No. ....

Registrar's No. ....

**FILED DEC 8 1953**

REG. DIST. NO. 15

PRIMARY REG. DIST. NO. 3004

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Barton</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamer</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheldon</u>	
c. LENGTH OF STAY (In this place) <u>1 wks</u>		d. STREET ADDRESS (If rural, give location) <u>1080 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton Co. Memorial</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>Adair</u> c. (Last) <u>Couch</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov 29 53</u>		
<b>5. SEX</b> <u>F</u>		<b>6. COLOR OR RACE</b> <u>W</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	
<b>8. DATE OF BIRTH</b> <u>Sept. 17 1863</u>		<b>9. AGE</b> (In years last birthday) <u>90</u>		<b>10. IF UNDER 1 YEAR</b> Months <u>0</u> Days <u>0</u>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Callaway Co. Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>US</u>			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own home</u>			

<b>13a. FATHER'S NAME</b> <u>Andrew Adair</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Louisa Booker</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>John Couch</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Elsie Hatch</u>	
				<b>ADDRESS</b> <u>Sheldon</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)			<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Liver</u>			DUPLICATE TO (b) <u>Generalized metastases.</u>			<u>3+ months</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUPLICATE TO (c) <u>(Skin, Lungs, etc).</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)		<u>1561</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			

**22. I hereby certify that I attended the deceased from 11/19, 1953, to Nov. 29, 1953, that I last saw the deceased alive on Nov. 28, 1953, and that death occurred at 5:26 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Jessie Beckel, M.D.</u>		<b>23b. ADDRESS</b> <u>Lamar, Mo.</u>		<b>23c. DATE SIGNED</b> <u>Dec 1, 53</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Nov 30 53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Sheldon</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Sheldon</u> <u>Mo.</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>DEC 5 - 1953</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Marie Leonard</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>H. Gerard Beery</u>		<b>ADDRESS</b> <u>Sheldon</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
48

**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 R. Gerard Beeny

Licensed Embalmer No. 4203

P. O. Address Shelton Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.