

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

State File No. **38220**

**FILED DEC 1 - 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **5096** Registrar's No. **112**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Bates</b>  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Mt. Pleasant Twp.</b>  c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Mt. Pleasant Twp.</b>  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RFD 5 Butler</b> d. STREET ADDRESS (If rural, give location) <b>RFD 5 Butler</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Mt. Pleasant Twp.</b>  d. STREET ADDRESS (If rural, give location) <b>RFD 5 Butler</b>	
---	--	--	--

<b>3. NAME OF DECEASED</b> a. (First) <b>Phebe</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>Coughenower</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Nov. 26, 1953</b>		
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Oct. 20, 1877</b>	<b>9. AGE</b> (in years last birthday) <b>76</b>	IF UNDER 1 YEAR IF UNDER 10 HRS.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Home</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Harrison County, Missouri</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>					

<b>13a. FATHER'S NAME</b> <b>Alex Cook</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Jane Burgen</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Melville Coughenower</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>No</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Melville Coughenower</b> <b>ADDRESS</b> <b>RFD 5 Butler</b>

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral hemorrhage</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension</b>  DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>8 days</b>  <b>10 years</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> 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>331 X</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) (COUNTY) (STATE)</b> _____ (COUNTY) _____ (STATE)	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <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 June 1942, to Nov. 25<sup>th</sup>, 1953, that I last saw the deceased alive on Nov. 25<sup>th</sup>, 1953, and that death occurred at 4:45 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>L. S. Lathrop, M.D.</b>		<b>23b. ADDRESS</b> <b>Butler, Mo.</b>		<b>23c. DATE SIGNED</b> <b>11-27-53</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Nov. 29, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oakhill Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Butler Missouri</b>		
<b>DATE REC'D BY LOCAL REG.</b> <b>Nov-27-53</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Rendall Kerby</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Culver-Underwood</b> <b>ADDRESS</b> <b>Butler, Mo.</b>	

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 .....  
Student Embalmer

Signed

*John G. Underwood*

Licensed Embalmer No. 3585

P. O. Address Bulla mo

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.