

FILED MAY 2 1955

STANDARD CERTIFICATE OF DEATH

State File No. **11027**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **428**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN Bigelow	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp		e. STREET ADDRESS (If rural, give location) 0440	
3. NAME OF DECEASED (Type or Print) TRESSA	a. (First) TRESSA	b. (Middle) MAY	c. (Last) COUTS
4. DATE OF DEATH (Month) (Day) (Year) April 18, 1955	5. SEX Female		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH (In years) (Month) (Day) (Hour) (Min.) Apr. 8, 1875	9. AGE (In years) (Month) (Day) (Hour) (Min.) 80	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY In the home	11. BIRTHPLACE (City and State or Foreign Country) Hopkins, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Jackson	13b. MOTHER'S MAIDEN NAME Ida DeLong	14. NAME OF HUSBAND OR WIFE James F. Coutts	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Geo. DeLong, Mound City, Mo.	

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.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 min.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary embolism		DUE TO (b) _____		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 157X		
19a. DATE OF OPERATION 4-7-55	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas -		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 **4/11**, 19**55**, to **4/18**, 19**55**, that I last saw the deceased alive on **4/18**, 19**55**, and that death occurred at **9:45 A.** m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS 420 N. 8th St. Holt, Mo	23c. DATE SIGNED 4/22/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/21/1955	24c. NAME OF CEMETERY OR CREMATORY Mound City Cemetery	24d. LOCATION (City, town, or county) (State) Mound City, Missouri
DATE REC'D BY LOCAL REG. April 22, 1955	REGISTRAR'S SIGNATURE Kathleen M. Allison	435	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James Crawford, Mound City, Mo.

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 *James H. Crawford*

Licensed Embalmer No. 4796

P. O. Address *Mound City*

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.