

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006744

State File No.

FILED FEB 19 1958

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 25

5
0

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Pike | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residency before admission). a. STATE Missouri b. COUNTY Pike | |
| b. CITY (If outside corporate limits, write RURAL and give township) Louisiana | | c. CITY OR TOWN Bowling Green | |
| c. LENGTH OF STAY (in this place) 2 day. | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hosp | | e. STREET ADDRESS (If rural, give location) Apprx. 2 miles N. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) RITA | | b. (Middle) KATHERINE | |
| c. (Last) COUCH | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 4 1958 | |
| 5. SEX Female | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | | 8. DATE OF BIRTH Oct. 26 1946 | |
| 9. AGE (In years last birthday) 11 | | IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student | | 10b. KIND OF BUSINESS OR INDUSTRY student | |
| 11. BIRTHPLACE (City and State or Foreign Country) Vandalia, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME William Henry Couch | | 13b. MOTHER'S MAIDEN NAME Jessie Ulrich | |
| 14. NAME OF HUSBAND OR WIFE | | | |
| 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 Wm. Henry Ulrich, Bowling Green, Mo. | | 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) _____ (b) Toxemia | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES | | 10 days | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) Diphtheria | |
| 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. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 055X | |
| 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) | | 055X | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 Feb. 2 '58 19____, to Feb. 4 '58 19____, that I last saw the deceased alive on Feb. 4 '58 , and that death occurred at 2:00P.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <i>[Signature]</i> (Name or title) | | 23b. ADDRESS Louisiana, Missouri | |
| 23c. DATE SIGNED 2/13/58 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Feb. 4 1958 | |
| 24c. NAME OF CEMETERY OR CREMATORY Bowling Green Mem. Gard. | | 24d. LOCATION (City, town, or county) (State) Bowling Green, Mo. | |
| DATE REC'D BY LOCAL REG. Feb 17 1958 | | REGISTRAR'S SIGNATURE <i>[Signature]</i> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> | | ADDRESS Bowling Green Mo | |

MAR 7 1958

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 *John Sr Butler*

Licensed Embalmer No. *449*
P. O. Address *Bowling Green Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.