Health, & Welfare Public Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034115
STATE FILE NUMBER

FILED OCT 10 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9399

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: FIRMIN DESLOGE — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: WASHINGTON
c. CITY OR TOWN: CADET — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RT. #1 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First [redacted] LEWIS Middle JOSHUA Last COUCH

4. DATE OF DEATH: Month 9 Day 29 Year 58

5. SEX: MALE **6. COLOR OR RACE**: WHITE **7.** MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: AUG. 11 1874 **9. AGE** (In years last birthday): 84 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET. FARMER
10b. KIND OF BUSINESS OR INDUSTRY: [redacted]
11. BIRTHPLACE (City and state or country): JEFF. CO. MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: JAMES H. COUCH
13b. MOTHER'S MAIDEN NAME: MARY REYNOLDS
14. NAME OF HUSBAND OR WIFE: SOPHIA COUCH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNK.
17. INFORMANT: SOPHIA COUCH Address: CADET RT #1

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) occlusion of left coronary artery (circumflex) — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease — ?
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of colon (recto-sigmoid)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): +20.0
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 26, 1958 to Sept 29, 1958 and last saw ~~her~~ him alive on Sept 29, 1958
Death occurred at 6:40 PM Sept 29, 1958 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Andrew J. Futsch M.D.
22b. ADDRESS: 307 S. Euclid, St. Louis, Mo.
22c. DATE SIGNED: 9-29-58

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: SEPT. 30 1958
23c. NAME OF CEMETERY OR CREMATORY: WOODLAWN CEM.
23d. LOCATION (City, town, or county): DESOTO (State): Mo.

24. FUNERAL DIRECTOR: D.B. DIETRICH **ADDRESS**: DeSoto Mo.
25. DATE RECD. BY LOCAL REG.: OCT 1 '58
26. REGISTRAR'S SIGNATURE: J. Carl Smith MD
MJB

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 404

P. O. Address .....

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.