URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 1960

-60-037357

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 95

ENDED

1. PLACE OF DEATH
a. COUNTY BARRY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CASSVILLE — Length of stay in 1b 15 mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SUNSET VALLEY REST HOME — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY BARRY
c. CITY OR TOWN CASSVILLE, — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 803½ Main St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JAMES Middle DAVID Last COUCH

4. DATE OF DEATH Month OCTOBER Day 22, Year 1960

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 1/21/1870
9. AGE (last birthday) 90 — IF UNDER 1 YEAR Months 9 Days 1 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (City and state or country) JONESVILLE, VIRGINIA
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME LOUIS MACK COUCH
13b. MOTHER'S MAIDEN NAME MARGARET YEARY
14. NAME OF HUSBAND OR WIFE KATIE MORRO 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. NONE
17. INFORMANT Address MRS EARL HALE, CASSVILLE, MO.

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) Acute Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH 15 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ulcerative Colitis — 10 years.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
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 Dec. 18 - 1935, to Oct. 22 - 1960 and last saw her/him alive on Oct. 13 - 1960
Death occurred at 5:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. E. McDaniel, A.B.D.
22b. ADDRESS Cassville, Mo.
22c. DATE SIGNED 10-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 10/26/60
23c. NAME OF CEMETERY OR CREMATORY VIOLA CEMETERY
23d. LOCATION (City, town, or county) VIOLA, (State) MISSOURI

24. FUNERAL DIRECTOR ADDRESS DOYLE E. WILLIAMSON, CASSVILLE, MO.
25. DATE RECD. BY LOCAL REG. Oct 24 - 1960
26. REGISTRAR'S SIGNATURE Grace Williams

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4883

P. O. Address Cassville

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