FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 7869

Registration District No. 23 Primary Registration District No. 3010 Registrar's No. 202

1. PLACE OF DEATH a. COUNTY: Cape Girardeau b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Inside Limits: Yes X No ☐ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cape Osteopathic — Length of stay in 1b: 71 years	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Cape Girardeau c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes X No ☐ d. STREET ADDRESS (If outside, give location): 222 Good Hope St. — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Amanda	Middle: Marie	Last: Couchman	4. DATE OF DEATH	Month: April	Day: 4,	Year: 1957
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: May 16, 1885	9. AGE (In years last birthday): 71	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): Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY: own home	11. BIRTHPLACE (City and state or country): Cape Girardeau, Mo.	12. CITIZEN OF WHAT COUNTRY?: U. S. A.				
13. FATHER'S NAME: Anton Schrader		14. MOTHER'S MAIDEN NAME: Fredericka Remne					
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: Mrs. G. E. Vogel	Address: Cape Girardeau, 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): Respiratory Failure

DUE TO (b): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Five days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c): Ateriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes Mellitis, Senility 332X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 / 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 6-9-55 to 4-4-57 and last saw her/him alive on 4-4-57

Death occurred at 9AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): O. E. Schrader D.O.	22b. ADDRESS: 213 S. Sprigg	22c. DATE SIGNED: 4/5/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 4/6/57	23c. NAME OF CEMETERY OR CREMATORY: Lorimier Cemetery	23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.	
24. FUNERAL DIRECTOR: C. L. Long	ADDRESS: Cape Girardeau, Mo.	25. DATE RECD. BY LOCAL REG.: 4-5-1957	26. REGISTRAR'S SIGNATURE: C. C. Summers	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.