

FILED NOV 30 1949

STANDARD CERTIFICATE OF DEATH

State File No. 38314

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5925 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <u>Polk (South Mo. 2nd)</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Polk (Rural)</u> c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Polk (Rural) Mo. 2nd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 - Mrs. Easton Polk</u>		d. STREET ADDRESS (If rural, give location) <u>1 Mo. E. of Polk, Mo.</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Capehart</u> c. (Last) <u>Capehart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 21 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 16 1871</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u>	IF UNDER 1 MIN. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Lenox</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Capehart</u>	
13b. MOTHER'S MAIDEN NAME <u>Laura Payne</u>		14. NAME OF HUSBAND OR ATTE <u>Rachel E. Capehart</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, specify or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Rachel E. Capehart</u>		ADDRESS <u>Polk, Mo.</u>	
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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4/20/1</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Polk County Coroner</u>		23b. ADDRESS <u>Bolivar, Mo.</u>	
23c. DATE SIGNED <u>Nov. 22, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-25-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Payne Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Polk Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 23, 1949</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Bolivar Mo</u>	

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

RECEIVED
District Health Officer No. 7,
District File Number 10-49-142
Date Filed 11-29-49

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 _____
Student Embalmer

Signed Willard B. Ewin

Licensed Embalmer No. 3092

P. O. Address Belmar, Mo

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 this body is not embalmed, fact should be so stated above.