

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11330

1080
2

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <u>Washington Twp</u>		c. LENGTH OF STAY (In this place) <u>1-7-7</u>		c. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <u>Kansas City</u> <u>3628</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3.</u>				d. STREET ADDRESS (If rural, give location) <u>4100 Prospect.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u>		b. (Middle) <u>M</u>		c. (Last) <u>Capeland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-3-1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>7-1-1887</u>	
9. AGE (In years last birthday) <u>63</u>		# UNDER 1 YEAR Days <u>7</u>		# UNDER 1 YEAR Hours <u>2</u>		# UNDER 1 YEAR Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Manager of</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>		11. BIRTHPLACE (State or foreign country) <u>Topeka Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>	
13a. FATHER'S NAME <u>Charles Capeland</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Rhoad</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or not known) (If yes, give war or dates of service) <u>American</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Agnes Capeland, 4100 Prospect St., C. No.</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>Syphilitic Meningo Encephalitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Syphilis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> <u>026X</u>	
19a. DATE OF OPERATION <u>✓</u>		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) _____ m.		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 <u>7-27-1949</u> , to <u>3-3-1951</u> , that I last saw the deceased alive on <u>3-2-1951</u> , and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Bunch, M. D. U</u>				23b. ADDRESS <u>State Hospital # 3.</u>		23c. DATE SIGNED <u>3-3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-3-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kansas City</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-7-1951</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferrigo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geibiger Funeral Home, Nevada Mo.</u>		ADDRESS	

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED MAR 12 1951

Dist. File 351-533

Date Filed 3-12-51

JUL 15 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Mark Eichenizer

Licensed Embalmer No. 2656

P. O. Address Nevada 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.