

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8016**

FILED **MAR 22 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 9

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

1. PLACE OF DEATH a. COUNTY <u>2 Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs - Speedwell Twp.</u>	
c. LENGTH OF STAY (in this place) <u>3 months</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route #2</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Chamber's Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ADDIE</u> b. (Middle) <u>CAPPS</u> c. (Last) <u>CAPPS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 13 1954</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>3-9-1870</u>		9. AGE (In years last birthday) <u>84</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Clair County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Perry Hashaw</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elton Barch El Dorado Spgs., Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Initial Stenosis</u>		DUPLICATE			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <u>Broken hip surgical neck, was girded, trochant.</u>			
		DUE TO (c) <u>E9020 21</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Clair Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 29 53-10</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fall from bed</u>		

22. I hereby certify that I attended the deceased from 8-29, 1953, to 3-13, 1954, that I last saw the deceased alive on 3-12, 1954, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.W. Richardson M.D.</u>		23b. ADDRESS <u>W. Office Mo</u>		23c. DATE SIGNED <u>3-14-54</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Springs</u>	
24d. LOCATION (City, town, or county) (State) <u>El Dorado Springs Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>El Dorado Spgs., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>MARCH 16, 1954</u>		REGISTRAR'S SIGNATURE <u>W. K. Koub...</u>			

**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 Max W. Diekerling  
Licensed Embalmer No. 11696

P. O. Address El Dorado Springs, 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.