

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5836**

FILED FEB 27 1956

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>231</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Phelps</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>Rolla</u>		c. CITY OR TOWN <u>Rolla</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (in this place) <u>55 Yrs</u>		STREET ADDRESS (If rural, give location) <u>No. 7 Highway 66 West</u>		<u>08120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No. 7 Highway 66 West</u>							
3. NAME OF DECEASED (Type or Print) <u>ROSA</u>		a. (First)		b. (Middle) <u>LEE</u>		c. (Last) <u>CAPPS</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16, 1956</u>	
8. DATE OF BIRTH <u>Jan. 12, 1871</u>		9. AGE (In years last birthday) <u>85</u>		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) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ulman, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Stanley McCommas</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Youngblood</u>		14. NAME OF HUSBAND OR WIFE <u>John B. Capps (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Henry Maggi, Rolla, Missouri.</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>22 months</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis far advanced</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid 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.					
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) <u>4500</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>Jan 1950</u> , to <u>Feb 16, 1956</u> , that I last saw the deceased alive on <u>Feb 15, 1956</u> , and that death occurred at <u>1.30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>James H. Myers</u>		(Degree or title) <u>D.D.</u>		23b. ADDRESS <u>Rolla, Mo.</u>		23c. DATE SIGNED <u>2/17/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 18, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rolla, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 17, 1956</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Steel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Null & Sons Funeral Home</u>		ADDRESS <u>Rolla Mo.,</u>	

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

RECEIVED

Phelps County Health Officer.

County File Number 509

Date Filed FEB 24 1956

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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.....
Signature of Student Embalmer

Signed S. L. Reed

Licensed Embalmer No. 339

P. O. Address Rolla

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.