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

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15410

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 149

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville 0
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Sullivan 050
c. CITY OR TOWN: Green Castle
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ] 1
e. STREET ADDRESS (If rural, give location): No street address

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): Charles
c. (Last): Capps

4. DATE OF DEATH (Month) (Day) (Year): May 16, 1956

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 24, 1896
9. AGE (In years last birthday): 60 — If under 1 year: Months ___ Days ___ — If under 1 hr.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (City and State or Foreign Country): Green Castle, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Dudley S. Capps
13b. MOTHER'S MAIDEN NAME: Nellie Dickenson
14. NAME OF HUSBAND OR WIFE: Ruth Capps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 486-20-2367
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Ruth Capps, Green Castle, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis With — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES — Anterior Myocardial Infarction

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: 4201
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: _____

22. *I hereby certify that I attended the deceased from* May 14, 1956, *to* May 16, 1956, *that I last saw the deceased alive on* May 16, 1956, *and that death occurred at* 5:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): C. T. Rhoads, D.O.
23b. ADDRESS: Kirksville, Mo
23c. DATE SIGNED: 5-16-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 18, 1956
24c. NAME OF CEMETERY OR CREMATORY: Green Castle Cemetery
24d. LOCATION (City, town, or county) (State): Green Castle, Mo.

DATE REC'D BY LOCAL REG.: 5-18-56
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Glenn E. Funt & Son, Green City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Karl R. Kurt.....

Licensed Embalmer No..46..

P. O. Address.Green C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.