

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16834

State File No.

FILED JUN 12 1956

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5580 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Groves Twshp.</u>		c. LENGTH OF STAY (In this place) <u>9 yrs</u>	c. CITY OR TOWN <u>Carl Junction R 1.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>90</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Miles Northwest Carl Junction</u>			e. STREET ADDRESS (If rural, give location) <u>2 Miles Northwest Carl Junction, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u> b. (Middle) <u>MAY</u> c. (Last) <u>CAPP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-7-1956</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>1-6-1865</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Days <u>2</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Birden</u>		13b. MOTHER'S MAIDEN NAME <u>(?) Plum</u>		14. NAME OF HUSBAND OR WIFE <u>Jesse M. Capp</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jim Capp, Ashbury R 1, 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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Glomerulonephritis</u> 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.			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>592x</u>				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 <u>6/4</u> , 19 <u>56</u> , to <u>June 7</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>June 6</u> , 19 <u>56</u> , and that death occurred at <u>7:30p.m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Carl Junction, Mo.</u>		23c. DATE SIGNED <u>6/8/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-9-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Weaver Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Webb City R 1, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-9-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Carl Junction, Mo.</u>			

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

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Date Filed
JUN 1 1 1956

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 *Harvey E. Ance*

Licensed Embalmer No. *440*

P. O. Address *Wells Co*

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.