

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32516**

FILED DEC 11 1958

BIRTH NO. _____		REG. DIST. NO. <u>100</u>	PRIMARY REG. DIST. NO. <u>5390</u>	Registrar's No. <u>82</u>
1. PLACE OF DEATH a. COUNTY Dent County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural Spring Creek		c. LENGTH OF STAY (in this place) 74	c. CITY OR TOWN Rt 2 Salem, Missouri	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 2 Salem, Missouri		e. STREET ADDRESS (If rural, give location) Rt. 2 Salem, Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) Joseph Henry Capps		b. (Middle) _____	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) 12 2 56
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 26, 1882	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming/running		10b. KIND OF BUSINESS OR INDUSTRY Farming/running	11. BIRTHPLACE (City and State or Foreign Country) Peoria, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Fred Capps		13b. MOTHER'S MAIDEN NAME Josephine Serpette	14. NAME OF HUSBAND OR WIFE Nora Butler Capps	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nora Butler, Capps Salem, Rt. 2 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) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH Unknown
		ANTECEDENT CAUSES 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. 422.2.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION no 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) _____		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 2/18/56 , to 12/9/56 that I last saw the deceased alive on 12/7/56 , and that death occurred at 10:00 am from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) L. H. Hunt M.D.		23b. ADDRESS Salem, Mo.		23c. DATE SIGNED 12/9/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 4 1958	24c. NAME OF CEMETERY OR CREMATORY Cedar Grove	24d. LOCATION (City, town, or county) (State) Salem, Missouri Dent Co.
DATE REC'D BY LOCAL REG. 12-5-58		REGISTRAR'S SIGNATURE R. E. M. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ...

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

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.....


Licensed Embalmer No. 2376

P. O. Address...


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.