

FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28155

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give town) West Plains		c. LENGTH OF STAY (in this place) 9 days	c. CITY OR TOWN rural
d. FULL NAME OF HOSPITAL OR INSTITUTION Christa Hogan Hospital		e. STREET ADDRESS (If rural, give location) Siloam Springs, Twp.	

3. NAME OF DECEASED (Type or Print) a. (First) MARY	b. (Middle) ISABELL	c. (Last) CAPLINGER	4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1957
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 16, 1882
9a. AGE (In years last birthday) 74		9b. IF UNDER 1 YEAR Months 0 Days 0	9c. IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Georgia
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME A. Jack Coldwell	13b. MOTHER'S MAIDEN NAME Florence Eliz. Collins	14. NAME OF HUSBAND OR WIFE Irving Douglas Caplinger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS I.D. Caplinger, Siloam Springs, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular accident		10 days
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) Cerebral hemorrhage			10 days
DUE TO (c) Cerebral arteriosclerosis			15 yrs
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? 2 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) 331X
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 **7/10/57**, 19**57**, to **8/10**, 19**57** that I last saw the deceased alive on **8/9**, 19**57**, and that death occurred at **2:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. L. Fowler	(Degree or title) MD	23b. ADDRESS West Plains, Mo	23c. DATE SIGNED 8/12/57
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Aug. 11, 1957	24c. NAME OF CEMETERY OR CREMATORY New Liberty Cem.	24d. LOCATION (City, town, or county) (State) Howell County, Missouri
DATE REC'D BY LOCAL REG. 8-13-57	REGISTRAR'S SIGNATURE Beatrice Cook	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornburgh Funeral Home West Plains, Mo	

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

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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 *Hal Thornburgh*

Licensed Embalmer No. *34*

THORNBURGH FUNERAL HOME
WEST PLAINS, MO.
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.