

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025797

FILED VS AUG 15 1960

38

Registration District No. Primary Registration District No. 3006

Registrar's No. 448

STATE FILE NUMBER

ENDED

| | | | | | | | | |
|---|--|---|--|---|---|--|--|------------------------------|
| 1. PLACE OF DEATH a. COUNTY Boone | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Cole | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia | | Length of stay in 1b 10 days | | c. CITY OR TOWN Jefferson City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rector Nursing Home | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1402 Major Drive | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Richard C. Caplinger | | | | 4. DATE OF DEATH Month Day Year Aug 6 1960 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 8/7/71 | 9. AGE (last birthday) 88 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | | | 10b. KIND OF BUSINESS OR INDUSTRY State Highway Dept Shelbyville, Ky | | 11. BIRTHPLACE (City and state or country) U.S.A. | | 12. CITIZEN OF WHAT COUNTRY | |
| 13a. FATHER'S NAME William T. Caplinger | | | 13b. MOTHER'S MAIDEN NAME Mary E. Washburn | | 14. NAME OF HUSBAND OR WIFE Nancy Caplinger | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | | 16. SOCIAL SECURITY NO. - | 17. INFORMANT Address B.W. Caplinger, Jefferson City, Mo | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction TO (b) Cerebral apoplexy, multiple DUE TO (c) arteriosclerosis, severe Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. | Month, Day, Year | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE | |
| 21. I attended the deceased from Aug 2 1960 to Aug 6 and last saw him alive on Aug 6, 1960 Death occurred at 10:10 A.M. , A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE James M. Baker, MD | | | 22b. ADDRESS Columbia, Mo | | | 22c. DATE SIGNED Aug 6, 1960 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8/8/60 | 23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery | | 23d. LOCATION (City, town, or county) Jefferson City, Mo | | 23e. (State) | | |
| 24. FUNERAL DIRECTOR Thorpe J Gordon, Jefferson City, Mo | | | ADDRESS | 25. DATE RECD. BY LOCAL REG. Aug 8, 1960 | 26. REGISTRAR'S SIGNATURE Mrs RE Palmer | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS AUG 15 19

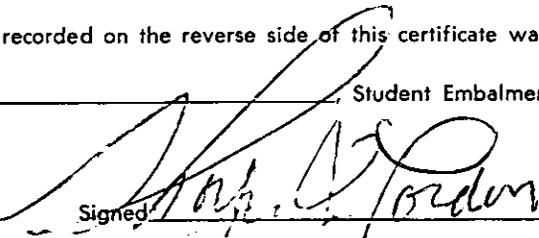
FEB 10 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 1784

P. O. Address 141 Ely St

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.