

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032344

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8549**

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

VS 300
Rev. 4/59

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FILED SEP 10 1962

1. PLACE OF DEATH
a. COUNTY **Missouri** b. COUNTY **Dent**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b

c. CITY OR TOWN **Salem** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Deaconess Hospital** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Dent**

3. NAME OF DECEASED (Type or print) First **Laura** Middle **Capps** Last

4. DATE OF DEATH Month **September** Day **3** Year **1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **5/31/1888** 9. AGE (last birthday) **74** IF UNDER 1 YEAR Months Days IF UNDER 24 HR. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Dent Co., Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **Sherman Hutson** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **William Capps**

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. **None** 17. INFORMANT **Ambia Capps, 4139 McPherson** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Acute myocardial infarction-massive** INTERVAL BETWEEN ONSET AND DEATH **20 min.**
DUE TO (b) **Arteriosclerotic occlusion of coronary artery**
DUE TO (c) **Generalized arteriosclerosis**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Thyrototoxicosis** 4201

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION **Salem Mo.** COUNTY **Dent** STATE **Missouri**

21. I attended the deceased from **8-22-62** to **9-3-62** and last saw her/him alive on **9-3-62**
Death occurred at **6:00 pm** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **C. Mueller** 22b. ADDRESS **M.D. 823 Mo. Theatre Bldg.** 22c. DATE SIGNED **9-4-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **9-6-62** 23c. NAME OF CEMETERY OR CREMATORY **Stone Hill Cemetery** 23d. LOCATION (City, town, or county) (State) **Salem Mo.**

24. FUNERAL DIRECTOR **Spencer Funeral Home, Spencer, Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **SEP 4 1962** 26. REGISTRAR'S SIGNATURE **Loat Smith, M.D.**

SEP 10 1962
FEB 1 1963

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 Kable

Licensed Embalmer No. 4596

P. O. Address St Louis, MO

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.