## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE 5291 Primary Registration District No. 3014 STATE FILE NUMBER Registrar's No. DO NOT WRITE AMENDED ON THIS STUR 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY a. STATE b. COUNTY admission) VS 300 AMENDED Clav Clay Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY Inside Limits Length of stay in 1b TOWN Yes 🕟 No 🖸 TOWN Liberty Years Liberty c. FULL NAME OF (If NOT in hospital, give location) d. STREET Reside on Farm Inside Limits (If cutside, give location) 6000 DATE HOSPITAL OR ADDRESS INSTITUTION Yes No □ Yes 🔹 No 🟋 1. 002 Route #3 Route #3 3. NAME OF DECEASED First Middle Last 4 DATE Dav Year (Type or print) OF DEATH ERNEST L. CAPPS October 29 1967 7. Married XIX Never Married I 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH Months Hours Widowed | Divorced | Male White 8-29-88 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 10a, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Farmer iwestock Farmind Clay Co... 14. NAME OF HUSBAND OR WIFE 13a, FATHER'S NAME 13b. MOTHER'S MAIDEN NAME Georgia Hall Capps Ellis Capps Gertie Lee Holt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) Mrs. Ernest L. Capps.Rt.3.Libertv.Mo INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: DOCUMENT ONSET AND DEATH 10 immediate Respiratory arrest IMMEDIATE CAUSE (a) ö 11 INSTEAD 36 hours Pneumonitis with fever Conditions, if any, which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. if deceased WAS disease condition given in PART I (a) there a pregnancy in last 90 days. AMENDMENTS Cerebrovascular insufficiency, myocardial decompensation ☐ Yes □ No □ Unknown 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART I or PART II of item 18.) WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED2 YES NO 8 Month, Day, Year 20c. TIME OF Hour RIBBON INJURY a.m. USE BLACK INK p.m. 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY 20d, INJURY OCCURRED STATE farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK [] READ and last saw him elive on 18 October 1967 *IYPEWRITER* December 8. 1964 death 21, I attended the deceased from-Death occu**re**d at 9:50 m on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD 22b. ADDRESS 22c. DATE SIGNED 5 22a, SIGNATURE (Degree Sur title) 101 West Kansas Street, Liberty 10-30-67 M. D. AFFIDAVIT 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 23b. DATE 23a. BURIAL, CREMATION, REMOVAL (Specify)

11-1-1967

Pasley Funeral Home, Liberty.

Burial

24. FUNERAL DIRECTOR

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TEM

Mo

Memorial Cemetery

25. DATE RECD. BY LOCAL REG.

Liberty.

## 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.	Signed John Parley
Student	Signed John Jakley
Signature of Student Embalmer	Licensed Embalmer No. 4308
	P. O. Address Liberty, 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 this body is not embalmed, fact should be so stated above.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.