

FILED MAY 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 17598

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5820 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment.) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Gideon - Rural - Indian Mop		c. CITY (If outside corporate limits, write RURAL and give township) Gideon	
c. LENGTH OF STAY (In this place) 7 MO.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Home			

3. NAME OF DECEASED (Type or Print)		a. (First) Carolyn		b. (Middle) Ann		c. (Last) Caples		4. DATE OF DEATH (Month) (Day) (Year) 5-11-50	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED: NEVER MARRIED; WIDOWED, DIVORCED (Specify) Child		8. DATE OF BIRTH April, 30 1949		9. AGE (In years last birthday) I IF UNDER 1 YEAR Months 0 Days 11 IF UNDER 12 HRS. Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kennett, Mo., 0		12. CITIZEN OF WHAT COUNTRY? Mo.	

13a. FATHER'S NAME Clayton Caples		13b. MOTHER'S MAIDEN NAME Cordie Lance		14. NAME OF HUSBAND OR WIFE Child	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME + Cordie Caples	
				ADDRESS Gideon	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumo - pneumonia		INTERVAL BETWEEN ONSET AND DEATH 6 days	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Upper Respiratory infection (supp. report)			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		491X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **5-5**, 19**50**, to **5-11**, 19**50**, that I last saw the deceased alive on **5-5**, 19**50** and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. H. [Signature]		(Degree or title)		23b. ADDRESS GIDEON, MO.		23c. DATE SIGNED 5-12-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-13-50		24c. NAME OF CEMETERY OR CREMATORY Stantfield		24d. LOCATION (City, town, or county) (State) Clarkton Mo.	
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DATE REC'D BY LOCAL REG. May 14, 1950		REGISTRAR'S SIGNATURE Mo. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Russell [Signature]		ADDRESS [Address]	
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(Licensed Embalmer's Statement on Reverse Side)

Floyd Russell (Owner)

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

RECEIVED
MAY 15 1950
District Health Office No.
District File Number 250
Date Filed

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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 this body is not embalmed, fact should be so stated above.