No. 300
10.48

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

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39805

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 331

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (In this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 12 Fyfer Place

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
d. STREET ADDRESS (If rural, give location): 12 Fyfer Place

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): AUSTIN
c. (Last): CAPEN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 28, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 25, 1880
9. AGE (In years last birthday): 70 — If under 1 year: Months 9, Days 3 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Electrical Business
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pettis County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: James Albert Capen
13b. MOTHER'S MAIDEN NAME: Sarah Chaney
14. NAME OF HUSBAND OR WIFE: Nellie Grace Brown Capen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. James A. Capen, Columbia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left ventricular failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days
pulmonary edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive heart disease — 1 year
DUE TO (c) 443X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral arteriosclerosis + senile dementia — 1 year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 8, 1950, *to* Dec. 28, 1950, *that I last saw the deceased alive on* Dec. 28, 1950, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James A. Allen MD
23b. ADDRESS: Columbia Mo
23c. DATE SIGNED: 12-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: Dec. 28, 1950
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): Sedalia, Missouri

DATE REC'D BY LOCAL REG.: Dec 28 1950
REGISTRAR'S SIGNATURE: Mrs P E Palmer 31
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Parker Funeral Service, Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-2-57
DISTRICT HEALTH OFFICE No. 3
District File Number----------
Date Filed 1-2-57

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 Tom M Harg

Signed.....
Student Embalmer

Licensed Embalmer No. 4867

P. O. Address Columbia 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.