

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1654

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 413

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon Rural</u>	
c. LENGTH OF STAY (In this place) <u>unknown</u>		6581	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. #3 near Dove</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #3 near Dove</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Robert</u>	b. (Middle) <u>Heavy</u>	c. (Last) <u>Capps</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 21st 1951</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. BIRTH DATE <u>June 30, 1882</u>	9. AGE (In years last birthday) <u>68</u> If UNDER 1 YEAR: Months <u>6</u> Days <u>21</u> If UNDER 24 HRS.: Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Henry Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William P. Capps</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Clifton</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Capps</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Laura Capps</u>	ADDRESS <u>Lebanon Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u> <u>2001</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>Sept. 1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>Biopsy - Cervical gland - lymphosarcoma</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept. 1950, to Jan. 21, 1951, that I last saw the deceased alive on Jan. 20, 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B.B. Hurst, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Lebanon Mo.</u>	23c. DATE SIGNED <u>1-23-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 24, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Huff's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Eldridge, Laclede Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-25-1951</u>	REGISTRAR'S SIGNATURE <u>Ella L. Mayo</u>	424	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Helman</u>	ADDRESS <u>Lebanon, Mo.</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

530

Received FEB 3 1951

Laclede County Health Unit

File No. 2-51-19

Date Filed FEB 5 1951

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 _____ Student Embalmer

Signed Dorsey M. Howe
Licensed Embalmer No. 4222

P. O. Address Lebanon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with this note constitutes grounds for revocation of license.)
If the body is not embalmed, fact should be so stated above.