

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8519**

BIRTH NO.		REG. DIST. NO. 359		PRIMARY REG. DIST. NO. 6149		Registrar's No.		
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Duck Creek Twp		c. LENGTH OF STAY (If in place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Duck Creek Twp		d. STREET ADDRESS (If rural, give location) Puxico Mo. R.		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS				
3. NAME OF DECEASED a. (First) Sarah (Type or Print)			b. (Middle) Ella		c. (Last) Capps		4. DATE OF DEATH (Month) (Day) (Year) Jan. 26 51	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 2 1895	9. AGE (In Years last birthday) 75	IF UNDER 1 YEAR Months 3	IF UNDER 6 HRS. Hours 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Puxico Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Carroll Hart		13b. MOTHER'S MAIDEN NAME Jane Grey		14. NAME OF HUSBAND OR WIFE Wm Capps				
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm Capps Puxico 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201					INTERVAL BETWEEN ONSET AND DEATH	
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 1945 , to 1-26 , 19 51 , that I last saw the deceased alive on 1-25 , 19 51 , and that death occurred at 4 A. m., from the causes and on the date stated above.								
23a. SIGNATURE D. Killings (Degree or title) Dr.				23b. ADDRESS Puxico		23c. DATE SIGNED 1-28-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-29-51		24c. NAME OF CEMETERY OR CREMATORY Rock Hill		24d. LOCATION (City, town, or county) (State) Puxico Mo		
DATE REC'D BY LOCAL REG. 1-28-51		REGISTRAR'S SIGNATURE Floyd Morgan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floyd Morgan Puxico Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

1030

RECEIVED

FEB 7 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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.....

William H. Meyer

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *William H. Meyer*

Licensed Embalmer No. *4640*

P. O. Address *Adams, 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.