

No. 300
10. 48

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5289 State File No. 11950
4130 Registrar's No. 30

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4130

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birmingham
c. LENGTH OF STAY (in this place) 69
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Route 5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Clay
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birmingham
d. STREET ADDRESS (If rural, give location) Route 5

3. NAME OF DECEASED (Type or Print)
a. (First) Edward b. (Middle) Lester c. (Last) Capps
4. DATE OF DEATH (Month) (Day) (Year) April 20, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 30, 1881 9. AGE (In years last birthday) 69 IF UNDER 1 YEAR: Months 4 IF UNDER 4 HRS.: Days 0 Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Liberty, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Brad Capps 13b. MOTHER'S MAIDEN NAME Ida Pruitt 14. NAME OF HUSBAND OR WIFE Mrs. Bessie Capps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) _____
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Roy Capps ADDRESS Route 11 North Kansas City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
ANTECEDENT CAUSES
Mortal conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage
DUE TO (c) Hypertensive C-V. Disease
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH
17 days
8 months
10 yrs

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) 443x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ 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 July, 1950, to 20 Apr, 1951, that I last saw the deceased alive on 19 Apr, 1951, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

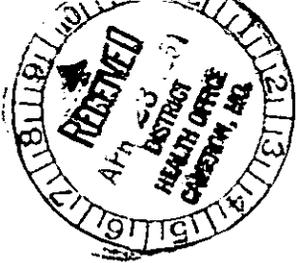
23. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS 2025 South No. K Pl 23c. DATE SIGNED 4/20/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April 22 24c. NAME OF CEMETERY OR CREMATORY Fairview 24d. LOCATION: (City, town, or county) (State) Liberty, Missouri

DATE REC'D BY LOCAL REG. Apr 22-51 REGISTRAR'S SIGNATURE Beverah Kitchener 25. FUNERAL DIRECTOR'S SIGNATURE D W Newman ADDRESS Long North Kansas City

(Issued Embalmers' Statement on Reverse Side)

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



JUN 7 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. 993

working under my personal supervision.

Student John J. Lemick, Jr.
Student Embalmer

Signed Glen H. Hill

Licensed Embalmer No. 4586

P. O. Address Avondale, 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.