

FILED MAY 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13682

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6060 Registrar's No. 22

930

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

1. PLACE OF DEATH a. COUNTY St. Clair Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give town) Washington Twnsp- Rural Collins		c. CITY (If outside corporate limits, write RURAL and give township) Washington Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Collins, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Eva	b. (Middle) Luella	c. (Last) Capps	4. DATE OF DEATH (Month) (Day) (Year) 4 12 51
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5. SEX Fe /	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Mar. 11, 1873	9. AGE (In years last birthday) 77	# UNDER 1 YEAR Months 1 Days 1	# UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cedar Co. Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME John W. Deshazo	13b. MOTHER'S MAIDEN NAME Martha E. Coffin	14. NAME OF HUSBAND OR WIFE Thomas V.
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice Burton	ADDRESS Collins Mo.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>chronic myocardial degeneration</i>		
	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	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 4-11, 1951, to 4-12, 1951, that I last saw the deceased alive on 4-11, 1951, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. E. D. Brown	23b. ADDRESS D.O. 2 Collins Mo	23c. DATE SIGNED 4-15-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/15/51	24c. NAME OF CEMETERY OR CREMATORY Brush Creek Cemetery	24d. LOCATION (City, town, or county) (State) St. Clair, Missouri
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DATE REC'D BY LOCAL REG. 4-15-1951	REGISTRAR'S SIGNATURE Ruth Seavers	25 FUNERAL DIRECTOR'S SIGNATURE Primm Funeral Home	ADDRESS Humerville
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RECEIVED 5-10 '61

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 5-10 '61

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 O. H. Beckwith

Licensed Embalmer No. 3939

P. O. Address Humansville

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.