

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19708

State File No. _____

0251

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u> <u>0251</u>	
c. LENGTH OF STAY (in this place) <u>8 y.</u>		d. STREET ADDRESS (If rural, give location) <u>238 S-Orange</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>238 South Orange</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Eda</u>	b. (Middle) <u>MARTHA</u>	c. (Last) <u>CAPPS</u>	Month <u>June</u>	Day <u>15</u>	Year <u>1951</u>
5. SEX <u>M.F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>OCT 4, 1874</u>		9. AGE (In years last birthday) <u>76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (State or foreign country) <u>Mayville Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Charles Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Lang</u>		14. NAME OF HUSBAND OR WIFE <u>Berry Capps</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Olas Capps Cameron Mo.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Cervix</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis 15 years</u>			<u>6 months</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) _____				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>171X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 4-18, 1951, to 6-15, 1951, that I last saw the deceased alive on 6-11, 1951, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. Wetherston M.D.</u>	23b. ADDRESS <u>Cameron Mo</u>	23c. DATE SIGNED <u>6-17-51</u>
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24a. BURIAL, CREMATION, EMBALM (Specify) <u>Embalmed</u>	24b. DATE <u>6-17-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. Pleasant</u>	24d. LOCATION (City, town, or county) <u>4 Miles South-East MAYSVILLE MO</u>
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DATE REC'D BY LOCAL REG. <u>6-17-51</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>	390	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Poland Funeral Home Cameron</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Robert Peland

Licensed Embalmer No. 47747

P. O. Address 920 West 34th St.

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.

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