

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36937

State File No.

LED DEC 10 1951

BIRTH NO. _____		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 2000	Registrar's No. 1040
1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Falk		
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Falk 0840		
c. LENGTH OF STAY (In this place) 17 days		d. STREET ADDRESS (If rural, give location) 1 Mile East of Falk		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				
3. NAME OF DECEASED (Type or Print) a. (First) Rachel b. (Middle) E. Marie c. (Last) Capehart		4. DATE OF DEATH Dec 6, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 22, 1893	9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months 0 Days 14 IF UNDER 1 HR. Hours 14 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, then if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY House work		11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME George Pope		13b. MOTHER'S MARRIAGE NAME Unknown		14. NAME OF HUSBAND OR WIFE William Capehart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 497-22-1630		17. INFORMANT'S SIGNATURE OR NAME Herbert Capehart
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Cecum 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.		INTERVAL BETWEEN ONSET AND DEATH about 1 yr
19a. DATE OF OPERATION 12-3-51		19b. MAJOR FINDINGS OF OPERATION Carcinoma Cecum		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) (Min.)		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 11-19 , 19 51 , to 12-6- , 19 51 , that I last saw the deceased alive on 12-5- , 19 51 , and that death occurred at 2:50 P. m., from the causes and on the date stated above.				
23a. SIGNATURE Lawrence G. Brown		23b. ADDRESS M.D., Springfield Mo.		23c. DATE SIGNED 12-6-51
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec. 6, 1951		24c. NAME OF CEMETERY OR CREMATORY Wayne Cemetery
24d. LOCATION (City, town, or county) (State) Near Falk Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE William and Blue Baldwin, Mo.		
DATE REC'D BY LOCAL REG. 12-8-51		REGISTRAR'S SIGNATURE Zach Williamson <i>Registrar</i>		

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

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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.

Signed William D. Erwin.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3092.....

P. O. Address Bolivar, 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.