

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24388**
3097

FILED AUG 4 1952

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|--|--|--|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>3097</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>21 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>4449 Brooklyn Ave. 3628</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u> | | | | 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lloyd</u> b. (Middle) <u>A.</u> c. (Last) <u>Capps</u> | | | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>7 7 52</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | | |
| 8. DATE OF BIRTH <u>7-5-09</u> | | 9. AGE (In years last birthday) <u>45</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Partnership</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Worthington, Missouri</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Capps & Clark Prtg.</u> | | 13a. FATHER'S NAME <u>Arley Capps</u> | | | | | |
| 13b. MOTHER'S MAIDEN NAME <u>Minnie Cassidy</u> | | 14. NAME OF HUSBAND OR WIFE <u>Adrienne Capps</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>497-36-9359</u> | | | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Adrienne Capps, 4447 Brooklyn, KC, Mo</u> | | | | 17. ADDRESS <u>4447 Brooklyn, KC, Mo</u> | | | | | |
| 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. | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7-7-52</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diffuse carcinomatous</u> DUE TO (c) <u>Primary site unknown</u> | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | 19. DATE OF OPERATION <u>7-9-52</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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 <u>7/4/8A/1952</u> to <u>7/7/11A/1952</u> that I last saw the deceased <u>Alive on 7-7-10A/1952</u> and that death occurred at <u>12 P m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>A. Saladino MD</u> (Degree or title) | | | | 23b. ADDRESS <u>1040 Arlyll</u> | | 23c. DATE SIGNED <u>7-8-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7-9-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>K.C., Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>7-8-52</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eyler, K.C., Mo.</u> | | | | | |

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

Doctor So Collins
Receipt W.D. 3.
after 4 - Taxes.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.