

STANDARD CERTIFICATE OF DEATH

State File No. 25017

FILED JUL 21 1952

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>190</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u> <u>0582</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> <u>1589</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>53 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>446 E. Sedgwick St.</u>				d. STREET ADDRESS (If rural, give location) <u>446 E. Sedgwick St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>AUGUSTUS</u> c. (Last) <u>DeCAPITO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 11, 1952</u>				
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 8, 1871</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad conductor ret</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Pollock, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Frederick DeCapito</u>			13b. MOTHER'S MAIDEN NAME <u>Mallissa Schnelle</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Frances Mullanix</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>707-0786278</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. C. A. DeCapito, Brookfield, 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.		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Hypertensive cardiac vasculature</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic congestive heart failure 5 yrs.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</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) (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 <u>Oct 17, 1946</u> , to <u>July 11, 1952</u> , that I last saw the deceased alive on <u>July 10, 1952</u> , and that death occurred at <u>10:15a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. W. Burkhardt, M.D.</u>				23b. ADDRESS <u>211 Lewis Brookfield</u>		23c. DATE SIGNED <u>7/17/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 14, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-14-52</u>		REGISTRAR'S SIGNATURE <u>Nadine Starnbach</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wright Funeral Home, Brookfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1 1952

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 _____

Harold S. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield 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.