

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1344**
90

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 28 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospt.		d. STREET ADDRESS (If rural, give location) 3050 Harrison	
3. NAME OF DECEASED (Type or Print) a. (First) Ross		b. (Middle) Dellon	
c. (Last) Capper		4. DATE OF DEATH (Month) (Day) (Year) 1-4-53	
5. SEX Male.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 28, 1918
9. AGE (In years last birthday) 34		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY P. I. E. Trucking	
11. BIRTHPLACE (City and State or Foreign Country) Salina, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Dellon R. Capper		13b. MOTHER'S MAIDEN NAME Pearl Kenyon	
14. NAME OF HUSBAND OR WIFE Faith Capper,		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes. W. W. Two	
16. SOCIAL SECURITY NO. 709-14-9761		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Faith Capper, Liberty, MO.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fractured Skull Subdural & Subarachnoid Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) _____ 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 123	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) 27th & McGee		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-3-53 8:30Pm.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Driver struck parked car		21g. HOW DID INJURY OCCUR? Automobile Accident	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Hugh H. Owens (Degree or title) Hugh H. Owens, M.D.		23b. ADDRESS 1034 Briarwood	
23c. DATE SIGNED 1-8-53		24a. BUREAL, CREMATION, OR REMOVAL (Specify) Burial	
24b. DATE 1-9-53		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS H. J. ...	
DATE REC'D BY LOCAL REG. 1-9-53		REGISTRAR'S SIGNATURE Sheraldine Smith	

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

FEB 10 1953

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..... *W. LeRoy Moon*

Licensed Embalmer No. *4776*

P. O. Address *K.D. Ma*

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.