

STANDARD CERTIFICATE OF DEATH

14085

State File No.

FILED MAY 1 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1965

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>3768</u>	
c. LENGTH OF STAY (In this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1801 East 47th Terrace</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital-3 weeks</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Perle</u>	b. (Middle) <u>N</u>	c. (Last) <u>Capps</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 11 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 28, 1880</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Buyer Mgr. & Saleslady</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Miller-Wohl Dept. store</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Schuyler County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Elisha T. Barnes</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Dyer</u>	14. NAME OF HUSBAND OR WIFE <u>Everett M. Capps-Died 1948</u>
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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>487-10-2034</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ione Bower</u>	ADDRESS <u>1801 E. 47th Terr. K. C. Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			<u>331</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Mar 27, 1953, to Apr 11, 1953, that I last saw the deceased alive on Apr 11, 1953, and that death occurred at 5:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert C. Davis</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>870 Prof Bldg</u>	23c. DATE SIGNED <u>4/12/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Apr. 14, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kirksville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-12-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newcomer's Sons</u>	ADDRESS <u>Kansas City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

12:1:30-

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 Ernest Thomas

Licensed Embalmer No. 2640

P. O. Address Kansas City, 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.