

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **18613**

FILED MAY 25 1953

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 297

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>	
b. CITY OR TOWN <u>BROOKFIELD</u>		c. CITY OR TOWN <u>BROOKFIELD</u>	
c. LENGTH OF STAY (in this place) <u>50 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>310 LINN ST.</u>			

3. NAME OF DECEASED (Type or Print) <u>MARY FRANCES DECAPITO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 15, 1953</u>		
a. (First)	b. (Middle)		c. (Last)	5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>APRIL 4, 1878</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PUTNAM COUNTY, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>THOMAS MULANIX</u>		13b. MOTHER'S MAIDEN NAME <u>TABITHA HATFIELD</u>	
14. NAME OF HUSBAND OR WIFE <u>CHARLES A. DECAPITO</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Octave Jan - Aurora, Ill.</u>		ADDRESS _____			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>20 hours</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>		DUPLICATE OF ABOVE CAUSE			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF ABOVE CAUSE			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Serious</u>		DUPLICATE OF ABOVE CAUSE			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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 Nov. 12, 1949, to May 15, 1953, that I last saw the deceased alive on May 15, 1953, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. W. Bohman</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>211 Linn Brookfield Mo.</u>		23c. DATE SIGNED <u>5/16/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>BROOKFIELD, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WRIGHT FUNERAL HOME</u>		ADDRESS <u>BROOKFIELD, MO</u>	
DATE REC'D BY LOCAL REG. <u>5-16-53</u>		REGISTRAR'S SIGNATURE <u>Nadine Stambach</u>		167-0 <u>dep.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed James B. 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.