

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25889**

FILED JUL 25 1953

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **79**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOUISIANA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BUFFALO 0820	
c. LENGTH OF STAY (In this place) 9 weeks		d. STREET ADDRESS (If rural, give location) NEAR LOUISIANA 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION PIKE COUNTY HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) CARRIE	b. (Middle) CAPPS	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JULY 12 1953
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH OCT. 1, 1865	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 9 Days 11	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME William Capp	13b. MOTHER'S MAIDEN NAME Sarah Beavens	14. NAME OF HUSBAND OR WIFE none
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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) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Earl Price, RFD, Louisiana, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Colon		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 5-26-53	19b. MAJOR FINDINGS OF OPERATION Cancer of Colon	20. AUTOPSY? YES <input 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, or building, etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 153X
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **3-28-53** to **7-12-53**, that I last saw the deceased alive on **7-12-53**, and that death occurred at **9:50 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. H. Hewitt M.D.	23b. ADDRESS Louisiana, Missouri	23c. DATE SIGNED 7-13-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/14/53	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Louisiana, Mo.
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DATE REC'D BY LOCAL REG. July 14, 1953	REGISTRAR'S SIGNATURE Genevieve Callier 374	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sterne Funeral Home, Louisiana, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.