

FILED JUN 17 1954

STANDARD CERTIFICATE OF DEATH

State File No. 19649

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

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>170</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Marion.</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal, Mo.</u>		c. LENGTH OF STAY (in this place) <u>5 Days</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital.</u>		
a. STATE <u>Missouri</u>		b. COUNTY <u>Ralls.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Perry, Missouri.</u>		d. STREET ADDRESS (If rural, give location) <u>0870</u>		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)					
a. (First) <u>Jesse</u>			b. (Middle) <u>F.</u>			c. (Last) <u>Capp.</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 21, 1876</u>		
9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>7</u>		11. DAYS <u>14</u>		12. IF UNDER 24 HRS. Hours <u>14</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>			11. BIRTHPLACE (State or foreign country) <u>Clarence, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Robert A. Capp</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Howell</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Harbit Capp.</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert A. Capp. Eagle Mt, Calif.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11 hrs</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u>						
		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				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) <u>4201</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>5-26, 1954</u> to <u>6-5, 1954</u> ; that I last saw the deceased alive on <u>6-5, 1954</u> and that death occurred at <u>3:45 Pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. Harbit</u>				23b. ADDRESS <u>Hannibal, Missouri</u>		23c. DATE SIGNED <u>6-8-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-8-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Plesant View emetery Monroe Co, Mo.</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>6/11/54</u>		REGISTRAR'S SIGNATURE <u>Dr. C. M. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Fisher, Willey (Clyde C)</u>		ADDRESS <u>Perry, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 15 1934
MARION CO. HEALTH DEPT.
DATE FILED JUN 15 1934

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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.