

FILED JUL 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21321

State File No. 410

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits: give ROUTE and give town or township) Poplar Bluff, Mo. 3		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2239
d. FULL NAME OF HOSPITAL OR INSTITUTION Hwy. 51, near Brosley, Mo.		STREET ADDRESS (If rural, give location) 2915 Texas Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Richard	b. (Middle) Michael	c. (Last) Capps	4. DATE OF DEATH (Month) (Day) (Year) July 15, 1955
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5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Jan. 16, 1954	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 6	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. <input checked="" type="checkbox"/>	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Richard Capps	13b. MOTHER'S MAIDEN NAME Peggy Reese	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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Richard Capps St. Louis, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basic fracture skull ANTECEDENT CAUSES* Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Automobile accident DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 0/2	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Parkhill Twp Butler mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 16-1955 1:30 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Loss of control of automobile on curve
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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 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Grover Wheeler Coroner	(Degree or title)	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED July 22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-18-55	24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
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DATE REC'D BY LOCAL REG. 7/23/55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS ank-Cotrell Poplar Bluff, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
JUL 25 1955

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

AUG 1955

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *Wallace R. Knight*

Licensed Embalmer No. *451*

P. O. Address *412 5th  
Poplar Bl*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.