

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41068**
Registrar's No. **541**

FILED DEC 29 1955

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001**

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| 1. PLACE OF DEATH a. COUNTY JASPER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER | |
| b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN | | c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN | |
| c. LENGTH OF STAY (in this place) 4 MO'S | | d. STREET ADDRESS (If rural, give location) 521 N. PEARL ST. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 521 N. PEARL ST. | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) ELLEN | b. (Middle) CATHERINE | c. (Last) CAPLINGER | 4. DATE OF DEATH DEC. 20, 1955 |
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|--|---------------------------|---|---------------------------------------|--|-----------------------------|--|
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED | 8. DATE OF BIRTH JULY 16, 1893 | 9. AGE (In years last birthday) 62 | 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) HOUSEKEEPER | | 10b. KIND OF BUSINESS OR INDUSTRY HOME | | 11. BIRTHPLACE (State or foreign country) NEW ANTIOCH, OHIO | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME FRANK E. CAPLINGER | 13b. MOTHER'S MAIDEN NAME CLARA KINZLER LINGER | 14. NAME OF HUSBAND OR WIFE ----- |
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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 MRS. CHESTER WILLIAMSON, ADDRESS 521 N. PEARL ST. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma | | 9 wks |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma uterus | | 18 months |
| DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 174x | | | |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | | 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, 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 **6-16-1955** to _____, 19____, that I last saw the deceased alive on **12-20-55**, 19____, and that death occurred at **8:45 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) E. O. Martin D.O.M. | 23b. ADDRESS 709 Joplin St. Joplin Mo | 23c. DATE SIGNED 12-20-55 |
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|--|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE 12-21-55 | 24c. NAME OF CEMETERY OR CREMATORY I.O.O. F. | 24d. LOCATION (City, town, or county) (State) NEW VIENNA, OHIO |
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| DATE REC'D BY LOCAL REG. 12-21-55 | REGISTRAR'S SIGNATURE by Dolores Lampkins | 25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, ADDRESS JOPLIN, MO. |
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RECEIVED DEC 27 1955
Jasper County Health Office
County File Number 55-10-889
Date Filed DEC 27 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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

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