

FILED FEB 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5421

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL MERAMEC TOWNSHIP</u> c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>CEDAR HILL MO</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEDAR HILL - MO.</u>		f. STREET ADDRESS (If rural, give location) <u>RURAL MERAMEC TOWNSHIP 500</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>SILAS</u> c. (Last) <u>CAPEHART</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-11-56</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG 23-1884</u>
9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR Months <u>5</u> Days <u>8</u>	11. UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST CLAIR MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>GEORGE W. CAPEHART</u>	
13b. MOTHER'S MAIDEN NAME <u>CATHERINE HENSON</u>		14. NAME OF HUSBAND OR WIFE <u>JESSIE MAY VIOLET</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>488-12-8598</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>JESSIE CAPEHART WIFE</u>		ADDRESS <u>CEDAR HILL MO</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>coronary insufficiency</u> 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"/>		4200	
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 <u>Jan</u> , 1951, to <u>Feb 11</u> , 1956, that I last saw the deceased alive on <u>Feb 11</u> , 1956, and that death occurred at <u>8 1/2</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert W. Tichenor M.D.</u>		23b. ADDRESS <u>P.O. Box 6 Applegate 23 Mo</u>	
23c. DATE SIGNED <u>2-12-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/14/56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ST PHILOMENAS</u>		24d. LOCATION (City, town, or county) (State) <u>HOUSE SPRINGS - MO</u>	
DATE REC'D BY LOCAL REG. <u>Feb 18 1956</u>		REGISTRAR'S SIGNATURE <u>Ruth Jissa</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Brunner Fun Home</u>		ADDRESS <u>House Springs Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

9561 R 7 833  
FEB 23 1956

DATE RECEIVED

FEB 23 1956

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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.....  
Signature of Student Embalmer

Signed *Bill C. Hanson*.....

Licensed Embalmer No. *476*

P. O. Address *St. Louis,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.