

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Doctor, coroner, etc. must use only standard nomenclature for the symptoms and diseases in Part I. etc. must be casually related. Coroner cannot certify to a death due to natural causes.

FILED MAR 20 1957

STANDARD CERTIFICATE OF DEATH

8592

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 992

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CASS				
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Harrisonville 0190		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GENERAL HOSP D.O.A			Length of stay in lb D.O.A	d. STREET ADDRESS R # 2 Box 37			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JAMES				First		Middle		
				Last		CAPERS		
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 23 1917		
						9. AGE (In years last birthday) 39		
						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 assembly line			10b. KIND OF BUSINESS OR INDUSTRY auto mfg.		11. BIRTHPLACE (City and state or country) Coleman County, Okla. U.S.A.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Jess Capers				14. MOTHER'S MAIDEN NAME Maudie Gilbreath				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II			16. SOCIAL SECURITY NO. unk		17. INFORMANT Maudie Gilbreath Hartsborn Okla			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Shots + Hemorrhage resulting from crushing injuries to head + chest</i> DUE TO (b) <i>gun</i> DUE TO (c) <i>chest</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) ...							INTERVAL BETWEEN ONSET AND DEATH 28 1/2 hrs	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Two car collision					
20c. TIME OF INJURY Hour a.m. 11:50 Month, Day, Year 3-2-57								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Highway		20f. CITY, TOWN, OR LOCATION Harrisonville, Cass County, MO				
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Dr. Bealffer M. Deputy Coroner				22b. ADDRESS 6627 Pradett St. Okla		22c. DATE SIGNED 3-3-57		
23a. BURIAL, CREMATION, REBURYAL (Specify)		23b. DATE 3-4-57	23c. NAME OF CEMETERY OR CREMATORY unk		23d. LOCATION (City, town, or county) (State) Boswell, Okla			
24. FUNERAL DIRECTOR Sabbetas			ADDRESS KEMO		25. DATE RECD. BY LOCAL REG. 3-4-57		26. REGISTRAR'S SIGNATURE New Minshall	

(Licensed Embalmer's Statement on Reverse Side)

Geo. C. Kealhofer

MEDICAL CERTIFICATION

MAR 2 9 1957
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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, ~~of~~, Student Embalmer No.
working under my personal supervision..

Student,
Signature of Student Embalmer

Signed *Forrest D. Goldsnow*

Licensed Embalmer No. *47*

P. O. Address *K. C. M.*

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