. Health,
& Welfare
. Public
h Service

S. 300
v. 1–57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 37265

FILED OCT 21 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9483

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 02 Alexian Brothers — Length of stay in 1b 4 1/2 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Greene
c. CITY OR TOWN Greenfield Ill. — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 32 (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Charles Middle Caleb Last Capps

4. DATE OF DEATH Month 10 Day 9 Year 1957

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☑ **DIVORCED** ☐

8. DATE OF BIRTH 3-30-1872

9. AGE (In years last birthday) 85 — 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) Retired

10b. KIND OF BUSINESS OR INDUSTRY Mail carrier

11. BIRTHPLACE (City and state or country) Greenfield Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thornton G. Capps

13b. MOTHER'S MAIDEN NAME Anna Hartsook

14. NAME OF HUSBAND OR WIFE Zona Shirley

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. None

17. INFORMANT Mrs Robert Scaly Address 4900 South Broadway

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fractured hips — 2 mo
DUE TO (c) E904.0 21
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☑ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at home and broke one hip on May 21,1957. Pathological fracture of second hip discovered by xray on Sept.9,1957 at Hospital

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 5-21-57

20d. INJURY OCCURRED WHILE AT WORK ☐ **NOT WHILE AT WORK** ☑

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 32 Home

20f. CITY, TOWN, OR LOCATION Greenfield, Illinois **COUNTY** Greene **STATE**

21. I attended the deceased from July 1 to Oct 9 and last saw her/him alive on Oct 8
Death occurred at 1:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] MD

22b. ADDRESS 5600 S Compton

22c. DATE SIGNED 10-9-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 10-9-1957

23c. NAME OF CEMETERY OR CREMATORY Cuty

23d. LOCATION (City, town, or county) Carrollton **(State)** Illinois

24. FUNERAL DIRECTOR Shields Memorial Home, Greenfield, Ill. **ADDRESS**

25. DATE RECD. BY LOCAL REG. OCT 10 57

26. REGISTRAR'S SIGNATURE J Carl Smith MD
MJB

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No.....

P. O. Address.....

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.