

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009843
STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1281

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Saline		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SLATER		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay in lb 5 days	d. STREET ADDRESS (If outside, give location) 330 NORTH CENTRAL		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROBERT Middle R. Last CAPPS			4. DATE OF DEATH Month March Day 10 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 21, 1926	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) Carthage, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George H. Capps		13b. MOTHER'S MAIDEN NAME Germaine Crane		14. NAME OF HUSBAND OR WIFE Virginia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes PL 28		16. SOCIAL SECURITY NO. 490 20 2078	17. INFORMANT Address VA Hospital Official Records, K. C. Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic renal insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Polycystic disease of kidneys DUE TO (c) — 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 0.501
20a. ACCIDENT <input 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.) 2			
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. Attended the deceased from March 5, 1958 to March 10, 1958 Death occurred at 12:40 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H. L. DOUGLAS, M.D. <i>H. L. Douglas M.D.</i>			22b. ADDRESS VAH, KC 40		22c. DATE SIGNED 3-10-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MARCH 10, 1958	23c. NAME OF CEMETERY OR CREMATORY —	23d. LOCATION (City, town, or county) (State) SLATER, MISSOURI		
24. FUNERAL DIRECTOR D.W. Newcomers 3003 Kansas City, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 3-11-58	26. REGISTRAR'S SIGNATURE <i>Wm. Minshall</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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



APR 2 1958

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 *Basil Honey*

Licensed Embalmer No. *4724* ..
P. O. Address *D.C., Mo.*

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.