

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028598

STATE FILE NUMBER

FILED SEP 2 1958

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 258

at. Health,
, & Welfare
S. Public
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264
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V. 1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jefferson City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 323 Montana St		Length of stay in lb 25 years	d. STREET ADDRESS (If outside, give location) 323 Montana St
3. NAME OF DECEASED (Type or print) First BERTHA Middle (NMN) Last CAPELTON			4. DATE OF DEATH Month Aug Day 25th Year 1958
5. SEX Male	6. COLOR OR RACE White Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 8th 1888
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Jefferson City, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Brown	
13b. MOTHER'S MAIDEN NAME Nancy Spencer		14. NAME OF HUSBAND OR WIFE Thomas Page Capelton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Thomas P. Capelton Jefferson City, 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) Arteriosclerotic Heart disease			INTERVAL BETWEEN ONSET AND DEATH 5 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auricular Fibrillation			24 hrs
DUE TO (c) Ventricular Fibrillation			5 min
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			
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.)	
20c. TIME OF INJURY Hour 7:20 Month Aug Day 25 Year 1958 a.m. A.M. p.m.			
20d. INJURY OCCURRED WHILE AT <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 bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from May 17, 1957 to Aug. 25, 1958 and last saw her alive on Aug 25, 1958 Death occurred at 7:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) William A. Rose		22b. ADDRESS 500 Poplar St. Jefferson City, Mo.	22c. DATE SIGNED 8/27/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 29th 1958	23c. NAME OF CEMETERY OR CREMATORY Tongview Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
24. FUNERAL DIRECTOR ADDRESS Robinson Service, Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. 27 August 1958	26. REGISTRAR'S SIGNATURE R. P. Dorris, M.D. - M.R.

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 *Donald P. Freeman*
Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address.. Jefferson City, ...

Missouri

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.