

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005074

STATE FILE NUMBER 694

FILED MAR 20 1959

Registration District No. 113 Primary Registration District No. 4185 Registrar's No. 694

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1-57

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo b. COUNTY Franklin)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Clair		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Clair 0360 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N. Commercial St.		Length of stay in 1b 25 yrs	d. STREET ADDRESS (If outside, give location) N. Commercial St.
3. NAME OF DECEASED (Type or print) First Austin Middle B Last Capehart		4. DATE OF DEATH Month Mar. Day 2 Year 1959	
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 June 27, 1895
9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 0 Days 3	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Residential	11. BIRTHPLACE (City and state or country) St. Clair, Mo.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME George Capehart		13b. MOTHER'S MAIDEN NAME Catherine Hinson	14. NAME OF HUSBAND OR WIFE Myrtle Capehart
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes WW I		16. SOCIAL SECURITY NO. 497-07-6270	17. INFORMANT Myrtle Capehart
Address St. Clair, 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) MASSIVE CORONARY THROMBOSIS			INTERVAL BETWEEN ONSET AND DEATH 15 MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) ATHERIOCLEROTIC C-U DISEASE			
DUE TO (c) Y CORONARY INSUFFICIENCY			2 YRS
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ a.m. _____ p.m.			
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. I attended the deceased from 1954 , to DEATH and last saw her alive on 2-27-59 Death occurred at 4 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John J. Pearl, M.D. (Degree or title)		22b. ADDRESS St. Clair, Mo.	22c. DATE SIGNED 3-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 4, 1959	23c. NAME OF CEMETERY OR CREMATORY Prospect Cemetery	23d. LOCATION (City, town, or county) (State) Lonedell, Mo.
24. FUNERAL DIRECTOR Casey-Lenox		ADDRESS St. Clair, Mo.	25. DATE RECD. BY LOCAL REG. 3/3/59
26. REGISTRAR'S SIGNATURE Charles Smith			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 1 1959

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 K. M. Leroy, Jr., Student Embalmer No. 575 working under my personal supervision.

Student K. M. Leroy, Jr.
Signature of Student Embalmer

Signed K. M. Leroy

Licensed Embalmer No. 3601
P. O. Address St. Clair, 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.