

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 18 1960

=60-025634

STATE FILE NUMBER

INDEXED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 15 yrs		c. CITY OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION The Old Homestead Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) The Old Homestead Nursing Home			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Mary Middle Ellen Last Capps				4. DATE OF DEATH Month July Day 9 Year 1960			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Apr. 20-69	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months 2 Days 19	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homework			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Schuyler Co. Mo.	12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Daniel Rhoades			13b. MOTHER'S MAIDEN NAME Frances <i>unk.</i>		14. NAME OF HUSBAND OR WIFE Lee Capps		
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 Address Freda Cooley-Kirksville, 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) Medullary failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive failure + Cardiovascular Collapse DUE TO (c) Generalized arteriosclerosis.						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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. 		Month, Day, Year 					
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 bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from July 1 to July 9 and last saw ^{him} alive on July 9 1960 Death occurred at 7:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Douglas P. Hagen D.O.				22b. ADDRESS Kirksville Mo		22c. DATE SIGNED 7-9-1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE 7-11-60	23c. NAME OF CEMETERY OR CREMATORY Jimtown Cem.		23d. LOCATION (City, town, or county) Schuyler Co. Mo.		(State)	
24. FUNERAL DIRECTOR P. O. Husted & Son-Unionville, Mo.				25. DATE RECD. BY LOCAL REG. 7-13-60	26. REGISTRAR'S SIGNATURE Doris W. Rattiff		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Douglas P. Holden, D. O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Murl E. Husted

Licensed Embalmer No. 3309

P. O. Address Univerville

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.