

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025754

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 15

FILED JUL 10 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1070
2 1070

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sherrill twp</u>		c. CITY OR TOWN <u>Licking</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>1/4 mi. W. of Licking Mo</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>BENJAMIN FRANKLIN CAPPS</u>			4. DATE OF DEATH Month <u>6</u> Day <u>30</u> Year <u>1962</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-21-1889</u> 9. AGE (last birthday) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Licking Mo</u>
13a. FATHER'S NAME <u>Ebb Capps</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Huff</u>	14. NAME OF HUSBAND OR WIFE <u>Juanita Capps</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO.	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			18. INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cardiac + pulmonary arrest.</u>			
DUE TO (b) <u>Severe systemic shock.</u>			<u>5 hours</u>
DUE TO (c) <u>Severance of carotid + jugular arteries.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>trachea + other muscles etc. of anterior portion of neck</u>			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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>atured sharp pocket knife + several thrusts from left to right side of neck</u>	
20c. TIME OF INJURY Hour <u>11 AM</u> Month, Day, Year <u>6-30-62</u>	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.) <u>about home</u>	20f. CITY, TOWN, OR LOCATION, COUNTY, STATE <u>1/4 mi. W. of Licking Texas Mo.</u>
21. I attended the deceased from <u>11 AM 6-30-62</u> and last saw him alive on <u>6-30-62</u> .		Death occurred at <u>5:05 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>B. G. Myers DA</u> (Degree or title)		22b. ADDRESS <u>Licking, Mo</u>	22c. DATE SIGNED <u>7-7-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>7-3-1962</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Boone Creek Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Texas Co - Mo</u>
24. FUNERAL DIRECTOR <u>Smith-Ferguson</u> ADDRESS <u>Licking Mo</u>		25. DATE RECD. BY LOCAL REG. <u>July 3, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Elmore E. Hesse</u>

USE BLACK INK OR TYPEWRITER RIBBON

JUL 12 1962

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 Hubert Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.