MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-030510
STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. _____ Registrar's No. 78

FILED SEP 10 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0331
2 0331 2
3
4 1
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7 0
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9 175.0
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12 70-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Salem — Length of stay in lb: 60 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: at residence — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dent
c. CITY OR TOWN: Salem — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): East Tenth — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Nora Middle Me Last Capps
4. DATE OF DEATH: Month Sept Day 2 Year 1962
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-6-84
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (City and state or country): Dent Co Missouri
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Elijah Butler
13b. MOTHER'S MAIDEN NAME: Dollie Ferguson
14. NAME OF HUSBAND OR WIFE: Joe Capps
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) x
16. SOCIAL SECURITY NO.: x
17. INFORMANT: Glenn Capps — Address: Salem Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of ovary — 18 mos.
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE: 9-1-62

21. I attended the deceased from 1-5-57, to 9-1-62 and last saw her alive on 9-1-62
Death occurred at 4 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: Salem, Mo
22c. DATE SIGNED: 9-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 9-5-62
23c. NAME OF CEMETERY OR CREMATORY: Cedar Grove Cem
23d. LOCATION (City, town, or county) (State): Salem Dent Co Mo

24. FUNERAL DIRECTOR — ADDRESS: Spencer Funeral Home
25. DATE RECD. BY LOCAL REG.: 9/4/62
26. REGISTRAR'S SIGNATURE: M. M. Hart, M.D. by AM

(Licensed Embalmer's Statement on Reverse Side)

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 Carl K Spencer

Licensed Embalmer No. 2370

P. O. Address Salem 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.