

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047373

Practitioner

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 3

STATE FILE NUMBER

VS 300  
Rev. 4/59.  
b499  
20499  
3  
4 0  
5 1  
6  
7 2  
8 0  
9 4200  
10  
11  
12 2-0  
13 2-0

DATE AMENDED  
2  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
ITEM NO. SHOULD READ  
BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Jasper  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Jasper                                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Joplin  |   | c. CITY OR TOWN Joplin  |  |
| Length of stay in ab. 24 yrs   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION DOA St. Johns Hospital  |   | d. STREET ADDRESS (If outside, give location)<br>1418 West 5th Street   |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>THOMAS CAPUT   |   | 4. DATE OF DEATH<br>Month Day Year<br>December 26, 1962   |  |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>White   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>7-24-1896  |
| 9. AGE (last birthday)<br>66   |   | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Produce Dealer  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>Wholesale Produce  | 11. BIRTHPLACE (City and state or country)<br>Italy  |
| 12. CITIZEN OF WHAT COUNTRY<br>USA   |   | 13a. FATHER'S NAME<br>Alexander Caput   |  |
| 13b. MOTHER'S MAIDEN NAME<br>Unknown   |   | 14. NAME OF HUSBAND OR WIFE<br>Amelia Caput   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No None   |   | 16. SOCIAL SECURITY NO.<br>[Redacted]   | 17. INFORMANT<br>Address<br>Mrs. Amelia Caput, 1418 W. 5th, Joplin, Mo   |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Coronary occlusion</i><br>DUE TO (b) <i>arteriosclerotic heart disease 3 yrs.</i><br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><i>15 min</i>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><i>Diabetes mellitus</i>  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour a.m. p.m.  | 20d. INJURY OCCURRED WHILE AT WORK <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 <i>6-4-62</i> to <i>12-26-62</i> and last saw <sup>her</sup> him alive on <i>12-5-62</i><br>Death occurred at <i>10:30 A. M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE<br><i>Lee L. L. Merriam M.D.</i> (Degree or title)  |   | 22b. ADDRESS<br>25th & Jackson Avenue, Joplin, Mo   | 22c. DATE SIGNED<br>12-31-62   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  | 23b. DATE<br>12-28-1962   | 23c. NAME OF CEMETERY OR CREMATORY<br>Fairview Cemetery   | 23d. LOCATION (City, town, or county) (State)<br>Joplin, Mo.   |
| 24. FUNERAL DIRECTOR<br>Thornhill-Dillon Mortuary, Joplin, Mo.   |   | 25. DATE RECD. BY LOCAL REG.<br><i>1-3-1963</i>   | 26. REGISTRAR'S SIGNATURE<br><i>Dove Merriam</i>   |

USE BLACK INK OR TYPEWRITER RIBBON

JAN 9 1963

**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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.