

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032344

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8549**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300	DATE AMENDED
Rev. 4/59	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

FILED SEP 10 1962	
1. PLACE OF DEATH	
a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis	a. STATE Missouri b. COUNTY Dent
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital	c. CITY OR TOWN Salem
Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First Laura Middle Capps Last	4. DATE OF DEATH
Month September Day 3 Year 1962	
5. SEX Female	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 5/31/1888
9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days IF UNDER 24 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Dent Co., Mo.
11. BIRTHPLACE (City and state or country) U.S.	12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Sherman Hutson	13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE William 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 Ambia Capps, 4139 McPherson	Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Acute myocardial infarction-massive	
DUE TO (b) Arteriosclerotic occlusion of coronary artery	
DUE TO (c) Generalized arteriosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Thyrototoxicosis 4201	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 8-22-62 to 9-3-62 and last saw her/him alive on 9-3-62	
Death occurred at 6:00 pm m on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Degree or title) <i>E. Mueller</i>	22b. ADDRESS M.D. 823 Mo. Theatre Bldg.
22c. DATE SIGNED 9-4-62	
23a. BURIAL CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-6-62
23c. NAME OF CEMETERY OR CREMATORY Stone Hill Cemetery	
23d. LOCATION (City, town, or county) (State) Salem Mo.	
24. FUNERAL DIRECTOR Spencer Funeral Home, Spencer, Mo.	25. DATE RECD. BY LOCAL REG. SEP 4 1962
26. REGISTRAR'S SIGNATURE <i>Loat Smith, M.D.</i>	

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

Laura Hutson Capps

Memorial

Photos

Flowers

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Birth: May 31, 1888

Death: Sep. 3, 1962

Burial:

[Stone Hill Cemetery](#)

Salem

Dent County

Missouri, USA

[Edit Virtual Cemetery info](#) [?]

Created by: [JT](#)

Record added: Jun 10, 2014

Find A Grave Memorial# 131173624



Added by: [JT](#)



Cemetery Photo

Added by: [JT](#)