

FILED MAY 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13508

93000

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6061 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>St. Claire</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Claire</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gerster</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gerster</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile east of Gerster</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1/2 mile east of Gerster</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile east of Gerster</u>	
3. NAME OF DECEASED a. (First) <u>DAVID</u> b. (Middle) <u>W.</u> c. (Last) <u>SAPP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29-1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 9-1869</u>
9. AGE (In years last birthday) <u>80</u>	10. MONTHS <u>3</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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 _____	
13a. FATHER'S NAME <u>Joseph Sapp</u>		13b. MOTHER'S MAIDEN NAME <u>Catharine Rhine</u>	
14. NAME OF HUSBAND OR WIFE <u>FRANCES E. SAPP</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frances Sapp, Gerster, Mo.</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Apoplexy</u>			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>334X</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr; 29, 1949 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11: A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James B. Daniel, Coroner</u>		23b. ADDRESS <u>Osceola, Missouri</u>	
23c. DATE SIGNED <u>5/1/1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>MAY 1, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HUMANSVILLE</u>	
24d. LOCATION (City, town, or county) <u>Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed. Rinon</u> ADDRESS <u>Humansville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 4-49</u>		REGISTRAR'S SIGNATURE <u>Frank Seeger</u> 288	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 4-49-48

Date Filed 5.5.49

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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. 249

working under my personal supervision.

Signed Wm. H. Northrup  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4282

P. O. Address Humaneville, 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 this body is not embalmed, fact should be so stated above.