

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8981

792

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>70 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>7749 BROOKLYN AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7749 BROOKLYN AVE</u>			

3. NAME OF DECEASED (Type or Print) <u>EDWARD P SAPPINGTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB - 17 - 1950</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>AUG. 31 - 1860</u>		9. AGE (In years last birthday) <u>89 YEARS</u>		10. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>LOWIS COUNTY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JOE P. SAPPINGTON</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA PIPKIN</u>		14. NAME OF HUSBAND OR WIFE <u>MRS NELLIE L. SAPPINGTON</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-16-2497</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. NELLIE L. SAPPINGTON</u>	
(If yes, give war or dates of service)				ADDRESS <u>7749 BROOKLYN AVE. KANSAS CITY, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
				DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS		_____	
		Conditions contributing to the death but not related to the disease or condition causing death.		<u>Chronic glomerulonephritis</u>	
				<u>Bronchopneumonia</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Sept 1, 1945, to Feb 17, 1950, that I last saw the deceased alive on Feb 16, 1950, and that death occurred at 1:22 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>William F. Sanders M.D.</u>		23b. ADDRESS <u>1103 Grand Kansas City, Mo</u>		23c. DATE SIGNED <u>Feb 17, 1950</u>	
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24a. BURIAL OR CREMATION REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>FEB 20 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DIV. NEWCOMER'S SONS</u>	
				24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	

DATE REC'D BY LOCAL REG. <u>2-20-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.A. Newcomer</u>	
				ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

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

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
Student Embalmer

Signed Bernard L. Horan

Licensed Embalmer No. 4250

P. O. Address NC 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.