No. 300
10.48

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

130

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5108 Registrar's No. 2

151

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

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Williams Township
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Williams
d. STREET ADDRESS (If rural, give location): 100 yds. W. of Cole Camp on 52 Hwy.

3. NAME OF DECEASED (Type or Print)
a. (First): Edgar Herman
b. (Middle):
c. (Last): Sapp

4. DATE OF DEATH (Month) (Day) (Year): Jan. 3, 1951

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 30, 1893
9. AGE (In years last birthday): 57 — If under 1 year: Months / Days 4 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carman
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Sapp
13b. MOTHER'S MAIDEN NAME: Sarah Wilson
14. NAME OF HUSBAND OR WIFE: Mary Link Sapp

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.: 500 10 6469
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mary Sapp Cole Camp, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial Pneumonia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 491X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-2, 1951, *to* 1-3-, 1951, *that I last saw the deceased alive on* 1-3-, 1951, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. W. Moreland DO
23b. ADDRESS: Cole Camp, Mo
23c. DATE SIGNED: 1-4-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 7, 1951
24c. NAME OF CEMETERY OR CREMATORY: Feaster Cemetery
24d. LOCATION (City, town, or county) (State): Benton County, Mo.

DATE REC'D BY LOCAL REG.: Jan 6, 1951
REGISTRAR'S SIGNATURE: E. L. Eickhoff 394
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Harold Kem - Cole Camp, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-10-51

JAN 15 1951

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 Harold Perry

Licensed Embalmer No. 4097

P. O. Address Cole Camp 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.