

FILED SEP 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27356

31

BIRTH NO.		REG. DIST. NO. 154	PRIMARY REG. DIST. NO. 5575	Registrar's No.
1. PLACE OF DEATH a. COUNTY JACKSON 0480		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE NEBRASKA b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) GRANDVIEW		c. CITY (If outside corporate limits, write RURAL and give township) AUBURN 8260		
d. FULL NAME OF HOSPITAL OR INSTITUTION GRANDVIEW REST HOME		d. STREET ADDRESS (If rural, give location) 8		
3. NAME OF DECEASED (Type or Print) ELSIE		a. (First) ETHEL	b. (Middle) SAPP	c. (Last)
4. DATE OF DEATH		(Month) AUG.	(Day) 26	(Year) 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 8, 1875	9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife.		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) QUINCY ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOHN BROWNING		13b. MOTHER'S MAIDEN NAME SARAH CARR	14. NAME OF HUSBAND OR WIFE ANGELES B. SAPP	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage DUE TO (b) Hypertension 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 36 hrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 331X	(COUNTY)	(STATE)
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?		
22. I hereby certify that I attended the deceased from June 1, 1951, to Aug 26, 1951, that I last saw the deceased alive on Aug 25, 1951, and that death occurred at 1:25 P.M., from the causes and on the date stated above.				
23a. SIGNATURE S. D. Hooper MD		(Degree or title)	23b. ADDRESS Grandview, MO.	23c. DATE SIGNED Aug 26, 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Aug 26, 1951	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City or county) (State) AUBURN NEBRASKA	
DATE REC'D BY LOCAL REG. 8/28/51	REGISTRAR'S SIGNATURE (Signature)	136	25. FUNERAL DIRECTOR'S SIGNATURE (Signature) ADDRESS 1331 Grandview, Mo	

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

SEP 4 RECD

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 Wayne L. Daniel

Licensed Embalmer No. 4702

P. O. Address Lawrence City, 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.