

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29404**

FILED SEP 26 1951

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5039 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Butterfield Twp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Butterfield twp.	
c. LENGTH OF STAY (In this place) 66 Yrs		d. STREET ADDRESS (If rural, give location) Rt. 1, Cassville-5 mi. N.W.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 mi. N.W. of Cassville			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) M.	c. (Last) Sapp	4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 19, 1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farming & Education	11. BIRTHPLACE (State or foreign country) Barry County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Newton Sapp	13b. MOTHER'S MAIDEN NAME Amanda E. Lam	14. NAME OF HUSBAND OR WIFE Grace Sapp
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Grace Sapp	ADDRESS Cassville, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH Instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May, 1951, to Sept, 1951, that I last saw the deceased alive on Sept 5, 1951, and that death occurred at 2:15 m., from the causes and on the date stated above.

23a. SIGNATURE Arthur A. Nickel (Degree or title) MD	23b. ADDRESS 10 Cassville Mo.	23c. DATE SIGNED 9/14/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 16, 1951	24c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery	24d. LOCATION (City, town, or county) (State) Exeter, Mo.
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DATE REC'D BY LOCAL REG. 9-15-1951	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE W.C. Roon	ADDRESS Cassville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

050 / 1

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 17 1951

Dist. File 9-17-1669

Date Filed 9-17-51

SEP 26 1951

SEP 29 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed W. C. Koon

Licensed Embalmer No. 435-9

P. O. Address Cassville, 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.