

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7351**

FILED APR 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **95**

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

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia 0105</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>19 W Broadway 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>19 West Broadway</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>George Bert</b> b. (Middle) <b>SAPP</b> c. (Last) <b>SAPP</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 6, 1952</b>		
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5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married 1</b>	8. DATE OF BIRTH <b>Aug 22 1876</b>	9. AGE (In years last birthday) <b>75</b> IF UNDER 1 YEAR Months <b>7</b> Days <b>14</b> IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Merchant</b>	11. BIRTHPLACE (State or foreign country) <b>Boone Co Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Wm Henry Sapp</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Fletcher</b>	14. NAME OF HUSBAND OR WIFE <b>Julia Myers Sapp</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Allen Sapp</b> ADDRESS <b>Columbia Mo</b>
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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 <b>3 day</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		
	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. <b>Branchial Cystitis</b>		<b>10 yrs.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4 2 2 2</b>	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 **June 1, 1948** to **April 6, 1952**, that I last saw the deceased alive on **April 6, 1952**, and that death occurred at **2:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. E. Palmey</b> (Degree or title)	23b. ADDRESS <b>Columbia Mo</b>	23c. DATE SIGNED <b>April 7 '52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 8 52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Columbia Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Columbia Mo</b>
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DATE REC'D BY LOCAL REG. <b>April 8 1952</b>	REGISTRAR'S SIGNATURE <b>Mrs. R. E. Palmey</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>R. O. ...</b> ADDRESS <b>Columbia Mo</b>
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MAY 2 1961

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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. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Lynnan Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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.