

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

31174

FILED SEP 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5390 Registrar's No. 684

1. PLACE OF DEATH  
a. COUNTY Dent

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Dent

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Springcreek typ

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION X

d. STREET ADDRESS (If rural, give location) Rt 4 Salem

3. NAME OF DECEASED  
a. (First) Mary E Sapaugh b. (Middle) \_\_\_\_\_ c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year) 8/25/52

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH Dec 17 1873 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY X 11. BIRTHPLACE (City and State or Foreign Country) Dent Co Mo 12. CITIZEN OF WHAT COUNTRY? 0

13a. FATHER'S NAME James Copeland 13b. MOTHER'S MAIDEN NAME Mary McNie 14. NAME OF HUSBAND OR WIFE Green Sapaugh

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. X 17. INFORMANT'S SIGNATURE OR NAME Irvin Sapaugh ADDRESS Salem Mo

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cardiovascular renal disease  
ANTECEDENT CAUSES  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
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.  
INTERVAL BETWEEN ONSET AND DEATH 4 yrs

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) 442X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 1939, 1939, to 8-25, 1952, that I last saw the deceased alive on 8-24, 1952, and that death occurred at 12-26, 1952, from the causes and on the date stated above.

23a. SIGNATURE J. D. [Signature] (Deputy or title) DO. 23b. ADDRESS Salem Mo. 23c. DATE SIGNED 8-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 8/27/52 24c. NAME OF CEMETERY OR CREMATORY Cedar Grove 24d. LOCATION (City, town, or county) (State) Salem Mo

DATE RECD BY LOCAL REG. 9-12-52 REGISTRAR'S SIGNATURE M. Dr. Hart. Dr. Okey, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Carl [Signature] ADDRESS Salem Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Carl H. Johnson

Licensed Embalmer No. 9374

P. O. Address Paterson, N.J.

**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.