

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4764**

FILED MAR 2 - 1953

BIRTH NO.

REG. DIST. NO. **11**PRIMARY REG. DIST. NO. **5039**Registrar's No. **17**

1. PLACE OF DEATH

a. COUNTY

Barry

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Butterfield)

c. LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).

a. STATE

Missouri

b. COUNTY Barry

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

d. STREET ADDRESS

(If rural, give location)

3. NAME OF DECEASED
(Type or Print)

a. (First)

Charles

b. (Middle)

H. (Chadd)

c. (Last)

Sapp

4. DATE OF DEATH

(Month) (Day) (Year)

2-15-1953

5. SEX

male

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug-7-1883

9. AGE (In years last birthday)

59

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)

farming

10b. KIND OF BUSINESS OR INDUSTRY

farm

11. BIRTHPLACE (State or foreign country)

Missouri

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

J. C. Sapp

13b. MOTHER'S MAIDEN NAME

Alice Elam

14. NAME OF HUSBAND OR WIFE

Mildred Timmons Sapp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

yes

WWI

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Mildred Sapp-Cassville, Missouri

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.

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

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.

MEDICAL CERTIFICATION

*Guaranteed by local taxi
Company site not seen*

INTERVAL BETWEEN ONSET AND DEATH

1999

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 Jan 30, 1953, to Feb 15, 1953, that I last saw the deceased alive on Feb 15, 1953, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Robert W. Kelly M.D.

23b. ADDRESS

Marion H. Mo. Feb 15 1953

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

2-18-1953

24c. NAME OF CEMETERY OR CREMATORY

Mt. Pleasant Cem.

24d. LOCATION (City, town, or county) (State)

Purdy, Missouri

DATE REC'D BY LOCAL REG.

2-26-53

REGISTRAR'S SIGNATURE

Grace Williams

25. FUNERAL DIRECTOR'S SIGNATURE

J. E. Culver - Cassville

ADDRESS

0050

MAR 2 1953

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 A. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.