No. 300
10-48

FILED MAR 31 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9363

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 1432 Registrar's No. 19

360
1

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

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STANTON MO. MERAMEC
c. LENGTH OF STAY (in this place): 3YR, S
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STANTON MO. MERAMEC
d. STREET ADDRESS (If rural, give location): 0360

3. NAME OF DECEASED (Type or Print)
a. (First): BENJAMIN
b. (Middle): FRANKLIN
c. (Last): SAPPINGTON

4. DATE OF DEATH (Month) (Day) (Year): MARCH 21 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 22 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 11, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): SULLIVAN MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOSEPH SAPPINGTON
13b. MOTHER'S MAIDEN NAME: LOUISE GARLLAND
14. NAME OF HUSBAND OR WIFE: LEILA MARTIN SAPPINGTON

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.: 498-01-1480
17. INFORMANT'S SIGNATURE OR NAME: LEILA SAPPINGTON — ADDRESS: STANTON MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thromboses — INTERVAL BETWEEN ONSET AND DEATH: 5 min

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
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* 3/21, 1953, *to* 3/21, 1953, *that I last saw the deceased alive on* 3/21, 1953, *and that death occurred at* 6:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. de la Torre MD
23b. ADDRESS: Sullivan, Mo
23c. DATE SIGNED: 3/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-25-1953
24c. NAME OF CEMETERY OR CREMATORY: STANTON CEMETERY
24d. LOCATION (City, town, or county) (State): STANTON FRANKLIN MO.

DATE REC'D BY LOCAL REG.: 3-26-53
REGISTRAR'S SIGNATURE: C A Prunter
25. FUNERAL DIRECTOR'S SIGNATURE: Idos P Shaffer — ADDRESS: Sullivan Mo

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible] Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Paul F. Knollenberg

Licensed Embalmer No. 2631

P. O. Address Sullivan 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.