

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15251**

FILED **APP 18 1953** REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **45**

1821  
0

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

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived if institution; residence before institution) a. STATE <b>Missouri</b> b. COUNTY <b>PIKE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>LOUISIANA</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>LOUISIANA, 0831</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>200 1/2 S. MAIN ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PIKE COUNTY HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) <b>CHARLES ROBERT SAPP</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 5, 1953</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>SEPT. 14, 1871</b>	9. AGE (In years, last birthday)	9. AGE (In years, last birthday)
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>JOHN E. SAPP</b>		13b. MOTHER'S MAIDEN NAME <b>MARY E. O'DORSEY</b>		14. NAME OF HUSBAND OR WIFE	
--	--	---	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Charles Terky, Mexico, Mo</b>	18. ADDRESS
---	-------------------------------------	---	-------------

18. CAUSE OF DEATH—Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</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>Peptic Ulcer &amp; Hemorrhage</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **Mar 26, 1953**, to **April 5, 1953**, that I last saw the deceased alive on **April 5, 1953**, and that death occurred at **2:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Louisa, Mo</b>	23c. DATE SIGNED <b>4-5-53</b>
---	--------------------------------	--------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE <b>APRIL 8, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RIVERVIEW CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>LOUISIANA, MO</b>
--	--------------------------------	--	--

DATE RECD BY LOCAL REG. <b>April 8, 1953</b>	REGISTRAR'S SIGNATURE <b>Bernice Callier</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>GEO. M. COHLIER</b>	ADDRESS <b>LOUISIANA, MISSOURI</b>
--	--	---	------------------------------------

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

*Geo. M. Collier*

Licensed Embalmer No.

*3839*

P. O. Address

*Louisiana, 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.