

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20703

State File No.

FILED JUN 16 1953

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Cedar</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Cedar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McBaine R.F.D.</u>		d. STREET ADDRESS (If rural, give location) <u>McBaine R.F.D. 0100 0</u>	

3. NAME OF DECEASED a. (First) <u>Rhoda</u> b. (Middle) <u>Jane</u> c. (Last) <u>SAPP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 7 1953</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 4 1876</u>	9. AGE (In years last birthday) <u>77</u> Months <u>3</u> Days <u>3</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Dudley Sapp</u>		13b. MOTHER'S MAIDEN NAME <u>Dulceria Blackburn Luther Sapp</u>		14. NAME OF HUSBAND OR WIFE <u>Joe Sapp McBaine Mo.</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>27-0</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe Sapp McBaine Mo.</u>			
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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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia</u>			
	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 <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>493x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	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 May 14, 1953, to June 7, 1953, that I last saw the deceased alive on June 7, 1953, and that death occurred at 8 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>H. M. Hardwick</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Ashland Mo.</u>	23c. DATE SIGNED <u>June 8 '53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 9 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty Cent</u>	24d. LOCATION (City, town, or county) (State) <u>Ashland Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 8 1953</u>	REGISTRAR'S SIGNATURE <u>Ms Mildred Burnett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Burnett</u>	ADDRESS <u>Ashland Mo</u>
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(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 *W^m C. Burnett* _____

Licensed Embalmer No. *3564* _____

P. O. Address *Ashtland 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.