

STANDARD CERTIFICATE OF DEATH

State File No. 23911

FILED JUL 27 1953

REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. 16

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 town) <u>Rural Cedar</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0100</u> TOWN <u>Rural Cedar</u> <u>0</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Ashland P.F.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ashland P.F.D.</u>			

3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Foster</u> c. (Last) <u>Sappington</u>			4. DATE OF DEATH (Month) <u>July</u> (Day) <u>18</u> (Year) <u>1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Oct 12 1871</u>		9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Days <u>9</u> Hours <u>16</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>William Sappington</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Zumwalt</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Sappington</u>	
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>Mo</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cora Sappington</u> ADDRESS <u>Ashland Mo</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Ischemia</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary Thrombosis</u>			
		DUE TO (c) <u>Atherosclerosis</u>			
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		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) m.		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 6/20, 1953, to 7/18, 1953, that I last saw the deceased alive on 7/15, 1953, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>James E. Stiffen D.O.</u> (Degree or title)		23b. ADDRESS <u>Ashland Mo.</u>		23c. DATE SIGNED <u>7/23/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 20 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Pleasant Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Boone Mo</u>	
DATE REC'D BY LOCAL REG. <u>7/23/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Mildred Burnett</u> 27-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Burnett</u> ADDRESS <u>Ashland Mo</u>	

(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. Burnett*

Licensed Embalmer No. *3564*

P. O. Address *Roseland Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.