

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3793

State File No. ....

FILED JAN 14 1954  
BIRTH NO. 54606-53 REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 4

1100

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

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Potosi</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Potosi</u>	
c. LENGTH OF STAY (in this place) <u>only life</u>		1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nannie</u> b. (Middle) <u>Ray</u> c. (Last) <u>Sappington</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8 1954</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>Aug. 11-1953</u>		9. AGE (in years last birthday) <u>4</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>27</u> IF UNDER 24 HRS. Hours <u>   </u> Min. <u>   </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Harrington Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Les Sappington</u>		13b. MOTHER'S MAIDEN NAME <u>Norothy Parker</u>	
13. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Norothy Sappington</u>		ADDRESS <u>Potosi Mo.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Asphyxiation During sleep</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation During sleep</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>   </u> DUE TO (c) <u>   </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9240 18</u>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Potosi 110 Washington Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 12-5, 1953, to 1-6, 1954, that I last saw the deceased alive on 1-6, 1954, and that death occurred at 6:00 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. L. Gibson, D.C. Coroner</u>		23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>1-11-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-9-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sanders Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Lawson Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>1-11-54</u>		REGISTRAR'S SIGNATURE <u>Hylant</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Spahr</u>		ADDRESS <u>Potosi Mo.</u>			

RECEIVED

JAN 12 1954

WASH. COUNTY HEALTH DEPT.

File No. \_\_\_\_\_

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Murphy L. Sparker*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4236

P. O. Address F. Lat. R...

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.