

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18368**

FILED JUL 15 1954

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **187**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 204 E. Ashley	
d. FULL NAME OF HOSPITAL OR INSTITUTION 204 E. Ashley			

3. NAME OF DECEASED (Type or Print) a. (First) **Christ F.** b. (Middle) **Sappenfield** c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) **July 9, 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **July 15, 1891**
9. AGE (In years last birthday) Months Days If under 1 year Hours Min. **62 11 24**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Radiator Repair.** 10b. KIND OF BUSINESS OR INDUSTRY **Self.** 11. BIRTHPLACE (City and State or Foreign Country) **Cole Co. Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Henry Sappenfield** 13b. MOTHER'S MAIDEN NAME **Mary Roark** 14. NAME OF HUSBAND OR WIFE **Sadie Sappenfield**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **no m** 17. INFORMANT'S SIGNATURE OR NAME MO. ADDRESS **Sadie Sappenfield Jefferson City**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Sunshot Wound**
INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Chest**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 **E976X** 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **Suicide** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) **Jefferson City Cole Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **July 9, 1954 2:00 PM** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Shot himself**

22. I hereby certify that I attended the deceased from **July 9, 1954**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **J. P. Bunch M.D.** (Doctor or title) 23b. ADDRESS **234 Madison Jefferson City Mo 7-10-54** 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **July 11, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Riverview Cemetery** 24d. LOCATION (City, town, or county) (State) **Jefferson City Mo**

DATE REC'D BY LOCAL REG. **July 10-54** REGISTRAR'S SIGNATURE **R. P. Davis M.D. MR** 25. FUNERAL DIRECTOR'S SIGNATURE **Udo Buschky Jefferson City** ADDRESS _____

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

NOV 14 1951

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

Uchel Binsche

Licensed Embalmer No. 3701

P. O. Address *Jefferson City*

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.