

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3052

FILED FEB 2 - 1955

State File No.

318

1003

Registrar's No. 0200

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY OR TOWN Sullivan		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3324 Ivanhoe		e. STREET ADDRESS (If rural, give location) 0361			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ellen c. (Last) Sappington			4. DATE OF DEATH (Month) (Day) (Year) Jan 7 55		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sep 11, 1877	9. AGE (In years last birthday) 77	IF UNDER 24 Mths. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Sullivan Mo 0		12. COUNTRY OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME William Zeigenham		13b. MOTHER'S MAIDEN NAME Ruth Rader		14. NAME OF HUSBAND OR WIFE Charles Sappington	
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. None	17. INFORMANT'S SIGNATURE OR NAME Myrtle Holt 3324 Ivanhoe ADDRESS		
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>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>toxaemia of liver</u> DUE TO (c) <u>Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 mos</u> <u>3 yrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1561</u>				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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 30, 1954</u> to <u>Jan 6, 1955</u> , that I last saw the deceased alive on <u>Jan 6, 1955</u> , and that death occurred at <u>4:15 p.m.</u> from the causes and on the date stated above.					
23a. SIGNATURE (Deponent title) <u>Albert H. Hoppe</u>			23b. ADDRESS <u>4724 S. Travis</u>		23c. DATE SIGNED <u>1/7/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-8-55	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows	24d. LOCATION (City, town, or county) (State) Sullivan Mo		
DATE REC'D BY LOCAL REG. <u>JAN 8 1955</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington		

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

APR 2 1957

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.....
Signature of Student Embalmer

Signed *John J. Haesler*.....
Licensed Embalmer No. *410*.....
P. O. Address *H. Lewis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.