

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7638

State File No.

FILED MAR 18 1955
BIRTH NO. 133.31-5.5 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY Cole 0269		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place) 27 hr 55m	c. CITY OR TOWN Centertown		d. Is Residence within limits of a city or incorporating town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Charles E. Still Osteopathic Hospital			e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) Stanley Wayne Sapp			4. DATE OF DEATH (Month) (Day) (Year) March 17, 1955		
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH March 16, 1955	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and State or Foreign Country) Missouri - Jefferson City		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Stanley Guy Sapp		13b. MOTHER'S MAIDEN NAME Charlotte Dee Pettigrew		14. NAME OF HUSBAND OR WIFE ---	
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. ----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charlotte Sapp, Centertown, Missouri			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Miscarriage - DUE TO (c) Physical Trauma (fall down step) 4/8/55 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 776X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 March 16, 1955, to March 17, 1955, that I last saw the deceased alive on March 17, 1955, and that death occurred at 5:40 a. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) James G. Miller D.O.		23b. ADDRESS 227 Jefferson, Jefferson City		23c. DATE SIGNED March 17.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. 03-18-55	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Jamestown Cemetery	24d. LOCATION (City, town, or county) (State) Jamestown MO		
DATE REC'D BY LOCAL REG. March 18-55	REGISTRAR'S SIGNATURE R. P. Davis	25. FUNERAL DIRECTOR'S SIGNATURE James Funeral Home	ADDRESS J.C.		

(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.....
Signature of Student Embalmer

Signed *Not Embalmed*

Licensed Embalmer No.....

P. O. Address

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.