S. No. 300
v. 10.48

FILED SEP 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29848

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cedar
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location): 3 Miles West Ashland Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Church
b. (Middle): Roper
c. (Last): Sapp

4. DATE OF DEATH (Month) (Day) (Year): Sept 14 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 22 1887
9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months: 5 Days: 22
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Ashland Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Sapp
13b. MOTHER'S MAIDEN NAME: Mary Calvin
14. NAME OF HUSBAND OR WIFE: Connie Sapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Connie Sapp
ADDRESS: Ashland Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Dur

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Angina Pectoris — 1 yr
DUE TO (c) General Arteriosclerosis — 10.

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: H20.1
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1956, *to* 14 Sept, 1956, *that I last saw the deceased alive on* 14 Sept, 1956, *and that death occurred at* 6:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Calvin R Hall (Degree or title) MD
23b. ADDRESS: Ashland Mo
23c. DATE SIGNED: 15 Sept 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 16 1956
24c. NAME OF CEMETERY OR CREMATORY: Mount Liberty Cem
24d. LOCATION (City, town, or county) (State): Ashland Mo.

DATE REC'D BY LOCAL REG.: Sept 15, 1956
REGISTRAR'S SIGNATURE: Mrs Mildred Burnett
25. FUNERAL DIRECTOR'S SIGNATURE: Wm C. Burnett
ADDRESS: Ashland

(Licensed Embalmer's Statement on Reverse Side)

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

27-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Wm. C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland, W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.