

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12137**

FILED MAY 14 1957

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

BIRTH NO. _____		REG. DIST. NO. 34		PRIMARY REG. DIST. NO. 4045		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits: write RURAL and give township) Ashland, Missouri		c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY OR TOWN Ashland, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 0100 0			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Levi c. (Last) Sapp			4. DATE OF DEATH May 7, 1957				
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 1, 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 6 Days 6	IF UNDER 2 HRS. Hours 6 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		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 William Dudley Sapp			13b. MOTHER'S MAIDEN NAME Dulcinea Blackburn		14. NAME OF HUSBAND OR WIFE Alice Sapp		
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 Ancel Sapp Ashland 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) Myocardial Infarct ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) C.V.D. DUE TO (c) Aortic II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ascending multiple Sclerosis				INTERVAL BETWEEN ONSET AND DEATH Just years.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <input checked="" type="checkbox"/> 1956 to May , 1957, that I last saw the deceased alive on April , 1957, and that death occurred at 8:00 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE Mildred Hall M.D. (Degree or title)				23b. ADDRESS Ashland - Mo		23c. DATE SIGNED 8 May 57	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE May 9 1957		24c. NAME OF CEMETERY OR CREMATORY New Liberty Cemetery		24d. LOCATION (City, town, or county) (State) Ashland Missouri	
DATE REC'D BY LOCAL REG. May 8, 1957		REGISTRAR'S SIGNATURE Miss Mildred Burnett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Burnett Ashland Mo			

MAY 20 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 *W. C. Burnett*.....

Licensed Embalmer No. *3564*.....

P. O. Address *Ashland Mo.*.....

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.