

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013254
STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone 0105	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Columbia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION B. C. Hosp.		d. STREET ADDRESS (If outside, give location) 201 S. 6th St.	
Length of stay in lb 3 Wks		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Cora Elizabeth Sapp			4. DATE OF DEATH Month Day Year April 27, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/26/1891	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dressmaker		10b. KIND OF BUSINESS OR INDUSTRY Retail Store	11. BIRTHPLACE (City and state or country) Boone County Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Elijah Sapp			14. MOTHER'S MAIDEN NAME Martha Ann Rice		
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. unknown	17. INFORMANT Address Ruth Harmon Ashland, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Renal failure with uremia DUE TO (b) Chronic Cholecystitis suspected DUE TO (c) 592X			INTERVAL BETWEEN ONSET AND DEATH 1 week years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerotic heart disease, Coronary Arteriosclerosis, Congestive heart failure			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 26 April 58 to 27 April 58 and last saw her alive on 27 April 58
Death occurred at 11:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Phyllis J. [Signature]	(Degree or title) M.D.	22b. ADDRESS 201 S. 6th St. Columbia Mo	22c. DATE SIGNED 27 April 58
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23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial	23b. DATE 4/29/1958	23c. NAME OF CEMETERY OR CREMATORY Nashville Cemetery	23d. LOCATION (City, town, or county) (State) McBaine, Mo., R.F.D. #1
24. FUNERAL OR ADDRESS Memorial Funeral Home Lyman Sprinkle, Columbia, Mo		25. DATE RECD. BY LOCAL REG. April 29 1958	26. REGISTRAR'S SIGNATURE Mrs. R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
000 0-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
31 6

VS MAY 6 1959

VS MAY 1 1959

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, ~~only~~, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Lynna Sprinkle*

Licensed Embalmer No. *401*

P. O. Address *Columbi*

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