SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007633
STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 185

FILED MAR 27 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: BOONE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia — Length of stay in 1b: 34 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: University of Mo Medical Center — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: Columbia — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 401 McBaine — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Bessie Middle: Pearl Last: Sapp

4. DATE OF DEATH: Month: March Day: 19 Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-21-96
9. AGE (last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Ashland, Missouri
12. CITIZEN OF WHAT COUNTRY: United States

13a. FATHER'S NAME: John D. Crump
13b. MOTHER'S MAIDEN NAME: Martha Rippeto
14. NAME OF HUSBAND OR WIFE: Milton 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: Hosp. chart — Address: U. of Mo. Med Center Columbia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CARCINOMATOSIS (PRIMARY PANCREAS) — INTERVAL BETWEEN ONSET AND DEATH: 7 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Feb 13, 1961, to March 19, 1961 and last saw her/him alive on 3-19-61
Death occurred at 1:20 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Emma Richard Singer M.D.
22b. ADDRESS: Univ. Mo. Med Center
22c. DATE SIGNED: 3/19/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/21/1961
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): Columbia, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Lyman Sprinkle Columbia, Mo.
25. DATE RECD. BY LOCAL REG.: Mar 20, 1961
26. REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 4013

P. O. Address Columbia, M

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.