

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013138
STATE FILE NUMBER

Registration District No. 87 Primary Registration District No. 5324 Registrar's No. 6

FILED MAY 9 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	<u>CRAWFORD</u>	a. STATE	<u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	<u>BOONE TWSP.</u>	c. CITY OR TOWN	<u>BOURBON</u>
Length of stay in 1b	<u>70 YRS</u>	Inside Limits	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	<u>BOURBON R.R. 2</u>	d. STREET ADDRESS (If outside, give location)	<u>R.R. 2</u>
Inside Limits	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
<u>ROSCOE CONKLING SAPPINGTON</u>			<u>MAY</u>	<u>2</u>
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)
<u>MALE</u>	<u>WHITE</u>		<u>APRIL 18 1891</u>	<u>70</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY	
<u>FARMER</u>	<u>FARMING</u>	<u>CRAWFORD Co. Mo.</u>	<u>U. S. A.</u>	
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE		
<u>WILLIAM T. SAPPINGTON</u>	<u>INDIA CROCKETT</u>	<u>NONE</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT Address
<u>NO</u>	<u>GERTRUDE STOVALL, SULLIVAN, MO.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Coronary revascularization</u>	<u>instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Myocarditis</u>	<u>years -</u>
	DUE TO (c) <u>Coronary several year back</u>	
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.
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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	Month, Day, Year	
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 <u>Oct. 1969</u> to <u>May 2 1961</u> and last saw him alive on <u>Apr. 28 1961</u>		
Death occurred at <u>3:00 PM, May 2 1961</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
<u>[Signature]</u>	<u>316 Elm St. Sullivan Mo</u>	<u>5/3/61</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>BURIAL</u>	<u>MAY 5, 1961</u>	<u>I.O.O.F. CEMETERY</u>	<u>SULLIVAN MO.</u>
24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	
<u>H. M. EATON, SULLIVAN, MO.</u>	<u>MAY 4, 1961</u>	<u>[Signature]</u>	

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 27 1968

FEB 28 1963

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 Harrison M Eaton

Licensed Embalmer No. 5066

P.O. Address Suburban, 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.