

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023935

STATE FILE NUMBER

Registration District No. 3002 Registrar's No. 165

FILED AUG 2 1961

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| 1. PLACE OF DEATH a. COUNTY <u>Audrain</u> | | 2. USUAL RESIDENCE (Where deceased lived. - If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u> | | c. CITY OR TOWN <u>Centralia</u> | |
| Length of stay in 1b <u>few days</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>Audrain Co. Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>Centralia</u> | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>Paul</u> Middle <u>Gilmore</u> Last <u>Sappington</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>25</u> Year <u>1961</u> | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Caucasian</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 12, 1901</u> | 9. AGE (last birthday) <u>60</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u> | IF UNDER 24 HR Hours <u>13</u> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Businessman</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming & Livestock</u> | 11. BIRTHPLACE (City and state or country) <u>Centralia, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>Fred S. Sappington</u> | 13b. MOTHER'S MAIDEN NAME <u>Lucy Angell</u> | 14. NAME OF HUSBAND OR WIFE <u>Ethel M. Sappington</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT <u>Mrs. Paul Sappington, Centralia, Mo.</u> | Address |
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| 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 <u>4 days</u> |
| IMMEDIATE CAUSE (a) <u>Acute anterior myocardial infraction</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Generalized arteriosclerosis</u> | <u>Unknown</u> |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u> | 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 |
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| 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.) |
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| 20c. TIME OF INJURY Hour <u>11:45</u> Month, Day, Year <u>July 23, 1961</u> a.m. p.m. |
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|--|--|--|------------------------|--------------------------|
| 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 <u>Centralia, Missouri</u> | COUNTY <u>Boone</u> | STATE <u>Missouri</u> |
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21. I attended the deceased from July 23, 1961 to July 25, 1961 and last saw her/him alive on July 25, 1961
Death occurred at 11:45 am on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>L. LaChance, M.D.</u> | 22b. ADDRESS <u>Centralia, Missouri</u> | 22c. DATE SIGNED <u>July 26, 1961</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>July 27, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>City of Centralia</u> | 23d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Bice J. Meador</u> | ADDRESS <u>Centralia, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>July 26-1961</u> | 26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATE FILE NUMBER

INTERESTED PARTY

SHOULD READ

NEW NO.

AUG 2 1961

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 Bill J. Meador

Licensed Embalmer No. 4874

P. O. Address Central, Miss

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.