MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043301
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 433

FILED NOV 21 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0269		
2	0269		
3			
4	1		
5	2		
6			
7	0		
8	2		
9	1 1 9		
10	0		
11			
12	1-2		
13	30		

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Charles E. Still Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 311 Marshall Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MRS. Middle EMILY Last VIOLA SAPP

4. DATE OF DEATH: Month November Day 15 Year 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-17-1872
9. AGE (last birthday): 91 — IF UNDER 1 YEAR: Months 0 Days 28 — IF UNDER 24 HR: Hours Min.

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

13a. FATHER'S NAME: Franklin J. Hagans
13b. MOTHER'S MAIDEN NAME: Mary Bennett
14. NAME OF HUSBAND OR WIFE: Leslie Arthur Sapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Address: Mrs. Hermoine Burnett, 311 Marshall, J.C., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ventricular Fibrillation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Heart Disease
DUE TO (c): Fracture Left Humerus + 2 Ribs Left

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 Nov 1 63, to Nov 15 and last saw her alive on Nov 15-63
Death occurred at 2:30 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Eugene E. Roberts (Degree or title) MD
22b. ADDRESS: Jefferson City MO
22c. DATE SIGNED: Nov 17-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 17, 1963
23c. NAME OF CEMETERY OR CREMATORY: New Salem Church Cemetery
23d. LOCATION (City, town, or county) (State): Boone County, Mo.

24. FUNERAL DIRECTOR: Buescher Memorial, Jefferson City, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 17 November 1963
26. REGISTRAR'S SIGNATURE: Thorma E. Richter

(Licensed Embalmer's Statement on Reverse Side)

NOV 22 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 Vernon M. Morton

Licensed Embalmer No. 4175

P. O. Address Lisbon, Me

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.