

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15324

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>206 Pine St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>206 Pine St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Vennie</u> b. (Middle) _____ c. (Last) <u>Sapp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>MAR. 4, 1876</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Boone County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>George Dennis</u>		13b. MOTHER'S MAIDEN NAME <u>Geriah Nevins</u>		14. NAME OF HUSBAND OR WIFE <u>Levi Presley Sapp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LNA Ruth Sapp, 206 Pine St.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>442X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular disease</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility and age</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>murder</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>m</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>m</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>mm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>m</u>

22. I hereby certify that I attended the deceased from 11/18 1948 to 5:10 1949, that I last saw the deceased alive on 5-10 1949, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. McKinley MD</u>	(Degree or title)	23b. ADDRESS <u>Jefferson City, Mo.</u>	23c. DATE SIGNED <u>5-14-49</u>
24a. BURIAL LOCATION (Crematory) <u>Burial</u>	24b. DATE <u>MAY 15, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dashville Church Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Boone Co. Missouri</u>
DATE REC'D BY LOCAL REG. <u>May 14 1949</u>	REGISTRAR'S SIGNATURE <u>R. P. Davis MD</u>	68	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tanner Serv. 700 Jeff. St.</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed *Donald F. Feiman*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4623*

P. O. Address *Two*

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 this body is not embalmed, fact should be so stated above.