

FILED DEC 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41612

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1329

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>IOWA</u> b. COUNTY <u>TAYLOR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bedford</u>	
c. LENGTH OF STAY (If in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELbert</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>SAPLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 15 1952</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>10-15 1882</u>		9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock & Grain</u>		11. BIRTHPLACE (State or foreign country) <u>IOWA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William Sapley</u>		13b. MOTHER'S MAIDEN NAME <u>Bell Boyer</u>		14. NAME OF HUSBAND OR WIFE <u>Lydia Sapley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Floyd E. Sapley, Bedford Iowa</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>36 HRS.</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>				?	
		ANTECEDENT CAUSES				?	
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		Arteriosclerosis DUE TO (b) <u>HYPERTENSION</u>					
		Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>HEART DISEASE, ARTERIOSCLEROSIS</u>					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>33ix</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
------------------------------	--	--	--	--	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 12/13/52, 19____, to 12/15/52, 19____, that I last saw the deceased alive on 12/15/52, 19____, and that death occurred at 9:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Allen Sherman M. D.</u>		23b. ADDRESS <u>706 FRANCIS, ST. JOSEPH, Mo.</u>		23c. DATE SIGNED <u>12/22/52</u>	
---	--	--	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>12-15-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery Bedford</u>		24d. LOCATION (City, town, or county) (State) <u>Iowa</u>	
DATE REC'D BY LOCAL REG. <u>Dec 23, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Floyd Esthman Bedford Iowa</u>		ADDRESS _____	

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

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 myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Floyd Eshum

Iowa Licensed Embalmer No. 2381

P. O. Address Bedford Iowa

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.