

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1035

State File No. ....

FILED JAN 25 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5458 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Walnut Grove</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence R. R. 3</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Walnut Grove</u>	
		d. STREET ADDRESS (If rural, give location) <u>R. R. 3</u>	
3. NAME OF DECEASED a. (First) <u>WILLIAM RICHARD</u> b. (Middle) <u>SAPPINGTON</u> c. (Last) <u>SAPPINGTON</u>			4. DATE OF DEATH (Month) <u>JAN</u> (Day) <u>17</u> (Year) <u>1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>March 18, 1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	9. AGE (In years last birthday) <u>70</u> <input type="checkbox"/> UNDER 1 YEAR Months <u>  </u> Days <u>  </u> <input type="checkbox"/> UNDER 1 HR. Hours <u>  </u> Min. <u>  </u>
11. BIRTHPLACE (State or foreign country) <u>Walnut Grove, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>M. L. Sappington</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Butcher</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charley Sappington</u> ADDRESS <u>R 3 Walnut Grove, Mo</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer stomach &amp; Esophagus</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Infection</u> Morbidity 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. _____	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Jan 15, 1954</u> , to <u>Jan 17, 1954</u> , that I last saw the deceased alive on <u>Jan 17, 1954</u> , and that death occurred at <u>5:05p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. J. Barbero MD</u>		23b. ADDRESS <u>Walnut Grove, Mo</u>	23c. DATE SIGNED <u>Jan 18-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Turkey Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Walnut Grove, Mo</u>
DATE REC'D BY LOCAL REG. <u>1-21-54</u>	REGISTRAR'S SIGNATURE <u>E. W. Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brim - Daniel - Walnut Grove - Mo</u> ADDRESS <u>  </u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

90  
1

**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 .....  
Student Embalmer

Signed Doyle Daniel

Licensed Embalmer No. 4702

P. O. Address Oak Grove - 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 this body is not embalmed, fact should be so stated above.