

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26533

BIRTH NO.		REG. DIST. NO. 58		PRIMARY REG. DIST. NO. 4088		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY Carter				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Carter			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellsinore		c. LENGTH OF STAY (In this place) 1 year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellsinore		0180	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Ellsinore, Mo.				d. STREET ADDRESS (If rural, give location) General Delivery			
3. NAME OF DECEASED (Type or Print) John		a. (First) John		b. (Middle) W.		c. (Last) Sappington	
4. DATE OF DEATH August 20, 1954		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 2, 1886		9. AGE (In years last birthday) 68	
5. SEX male		6. COLOR OR RACE white		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	
11. BIRTHPLACE (City and State or Foreign Country) Newport, Arkansas		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME James Sappington		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Sarah Sappington		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 330 28 2746		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grady Sappington Ellsinore, Mo.	
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) Acute Circulatory Failure INTERVAL BETWEEN ONSET AND DEATH 1-hour ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) and arterial Hypertension 3 yrs 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)		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 July 17, 1954, to Aug 20, 1954, that I last saw the deceased alive on July 25, 1954, and that death occurred at 10:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Frank Paruski		(Degree or title) D.O.		23b. ADDRESS New Bern, Mo.		23c. DATE SIGNED 8-22-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-24-1954		24c. NAME OF CEMETERY OR CREMATORY Harmony Cemetery		24d. LOCATION (City, town, or county) (State) Carter County, Mo.	
DATE REC'D BY LOCAL REG. Sept. 8-54		REGISTRAR'S SIGNATURE Mrs Octa. Henson		25. FUNERAL DIRECTOR'S SIGNATURE Edwards Funeral Home Doniphan, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

6180

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 *Yves A. Harrell*
Licensed Embalmer No. 4809
P. O. Address Blonipshaw, 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 this body is not embalmed, fact should be so stated above.