

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33016

State File No.

FILED NOV 15 1954

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 307

1. PLACE OF DEATH a. COUNTY <u>Boone County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>20 yrs.</u>	c. CITY OR TOWN <u>Columbia</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>		STREET ADDRESS (If rural, give location) <u>131 Sexton Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ishmael</u> b. (Middle) <u>Conc. J</u> c. (Last) <u>Sappington</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11</u> <u>9</u> '54
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>8-5-1875</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mail carrier</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>mail carrier</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph Sappington</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Cordle</u>	14. NAME OF HUSBAND OR WIFE <u>deceased Virginia Sappington</u>
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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>494-38-0088</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ann Crane</u> ADDRESS <u>Columbia, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac rupture with tamponade</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>arteriosclerosis</u>		<u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of descending colon</u> <u>Resection done few hrs prior to death.</u>			

19a. DATE OF OPERATION <u>Nov 9, 1954</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma, Descending Colon</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov 1, 1954, to Nov 9, 1954, that I last saw the deceased alive on Nov 9, 1954, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Horace E. Thomas MD</u>	23b. ADDRESS <u>Columbia, Mo</u>	23c. DATE SIGNED <u>Nov. 9, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11-12-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nashville</u>	24d. LOCATION (City, town, or county) (State) <u>15 miles South of Columbia</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 11 1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Memorial Funeral Home</u> ADDRESS <u>Columbia, Mo.</u>
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(Licensed Embalmer's Stamp - Put on Reverse Side)

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

DEC 22 1954

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 *Lynnan H. Sprinkle*

Licensed Embalmer No. *401*

P. O. Address *Columbus*

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.