

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35926**  
Registrar's No. **8906**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Rival</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. In Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
e. STREET ADDRESS <b>Mar Pateri</b>		f. (If rural, give location) <b>7600 1</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Tona</b>	b. (Middle) <b>Caroline</b>	c. (Last) <b>Sappington</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 29, 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 29 1930</b>	9. AGE (In years last birthday) <b>24</b>	if UNDER 1 YEAR Months <b>4</b>	if UNDER 2 HRS. Hours <b>0</b> Mins. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Washington Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>John Puckett</b>	13b. MOTHER'S MAIDEN NAME <b>May Helms</b>	14. NAME OF HUSBAND OR WIFE <b>Ross Sappington</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>John Puckett Pateri</b>	ADDRESS <b>Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Septicemia</b>		<b>2 days</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Disseminated Lupus Erythematosus</b>		<b>6 mos.</b>
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 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) <b>456 X</b>
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 **Sept. 28, 1954**, to **Sept. 29, 1954**, that I last saw the deceased alive on **Sept. 29, 1954**, and that death occurred at **6:05A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C. J. Vermillion, M.D.</b>	23b. ADDRESS <b>BARNES HOSPITAL</b>	23c. DATE SIGNED <b>9/29/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-2-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Peteri Mo.</b>
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DATE REC'D BY LOCAL REG. <b>OCT 1 1954</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mr. Luther Spahr</b>	ADDRESS <b>Peteri Mo.</b>
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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 ..... Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Murphy L. Sparks* .....  
Licensed Embalmer No. *423* .....  
P. O. Address *La. River* .....

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.