

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14642

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 147

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| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | |
| b. CITY OR TOWN <u>Columbia, Mo</u> | | c. CITY OR TOWN <u>Columbia</u> | |
| c. LENGTH OF STAY (in this place) <u>Life</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home North of 1400 Grand Avenue</u> | | | |
| STREET ADDRESS (If rural, give location) <u>1400 Grand</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Elbert</u> b. (Middle) <u>G</u> c. (Last) <u>Sapp</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 9 55</u> | | |
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| 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>2-14-1889</u> | | 9. AGE (In years last birthday) <u>66</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Employee</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</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>William Henry Sapp</u> | | 13b. MOTHER'S MAIDEN NAME <u>Fannie Dally</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lillie Maude Sapp</u> <u>Wife</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>486-12-3987</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Leon Sapp</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) <u>Coronary Occlusion</u> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> | | year | |
| | | DUE TO (c) | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Columbia</u> (COUNTY) <u>Mo</u> (STATE) <u>Mo</u> | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 6/9, 1955, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:20 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Henry H. Sweet, M.D. Coroner</u> (Degree or title) | | 23b. ADDRESS <u>Columbia Mo.</u> | | 23c. DATE SIGNED <u>6/11/55</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6-12-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>June 11 1955</u> | | REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lynnan Sprinkle</u> ADDRESS <u>Columbia, Mo.</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 19 1958

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

Lynwood 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.