S. No. 300
v. 10.46

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 10 1956

State File No. 26003

BIRTH NO. _____ REG: DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 281

1. PLACE OF DEATH
a. COUNTY: Boone Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 405 Collage Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: Columbia
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ Yes
e. STREET ADDRESS (If rural, give location): 117 Washington

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Sophronia
c. (Last): Sapp

4. DATE OF DEATH (Month) (Day) (Year): August 31 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 7 1871
9. AGE (In years last birthday): 84 — If under 1 year: Months 8, Days 24 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Ashland Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13a. FATHER'S NAME: Berryman Sapp
13b. MOTHER'S MAIDEN NAME: Tabath Wilcoxson
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: //
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Edith Estes 405 Collage Columbia 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 16 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteria-Sclerosis — years

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: none
19b. MAJOR FINDINGS OF OPERATION: 334X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
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): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Aug 16, 1956 *to* Aug 31, 1956, *that I last saw the deceased alive on* Aug-16 1956 *and that death occurred at* 4:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. C. Suggett MD
23b. ADDRESS: Columbia Mo
23c. DATE SIGNED: 9/1/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 2 1956
24c. NAME OF CEMETERY OR CREMATORY: New Liberty Cemetery
24d. LOCATION (City, town, or county) (State): Ashland Missouri

DATE REC'D BY LOCAL REG.: Sept. 1 1956
REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. C. Burnett Ashland Mo

(Licensed Embalmer's Statement on Reverse Side)

31-C

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.