

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29849

State File No.

FILED OCT 1 - 1956

BIRTH NO.		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>5120</u>		Registrar's No. <u>311</u>	
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>Rural Columbia</u>		c. LENGTH OF STAY (In this place) <u>4 Yrs</u>		c. CITY OR TOWN <u>Columbia Rural</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Miles South Columbia</u>				e. STREET ADDRESS (If rural, give location) <u>3 Miles South Columbia</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elgia</u>		b. (Middle) <u>Beatrice</u>		c. (Last) <u>Sapp</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Nov. 23 1874</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR: Months <u>10</u> Days <u>3</u>		IF UNDER 24 HRS: Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Ashland Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Levi Sapp</u>			13b. MOTHER'S MAIDEN NAME <u>Margart Galvin</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>//////</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Atly Sapp</u> ADDRESS <u>Columbia Missouri R.F.D. 4</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Decompensation</u> ANTECEDENT CAUSES DUE TO (b) <u>Senile Debility</u> DUE TO (c) <u>Emaciation and malnutrition</u> II. OTHER SIGNIFICANT CONDITIONS <u>Cancer of the left breast spreading to the lung. Diagnosed 9-23-53</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u> <u>years.</u> <u>lyr.</u>	
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 <u>9-23-53</u> , 19 <u> </u> , to <u>9-26-56</u> , 19 <u> </u> , that I last saw the deceased alive on <u>9-26-56</u> , 19 <u> </u> , and that death occurred at <u>9:15A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter Banks</u> (Degree or title) <u>Dr</u>				23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>9-27-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 28 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ashland Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 27 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. C. Burnett</u> ADDRESS <u>Ashland, Mo.</u>		

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 *Wm C Burnett*.....

Licensed Embalmer No. *356*.....

P. O. Address *Ashland, Ill.*.....

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.