

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30852

STATE FILE NUMBER

FILED SEP 27 1957

Registration District No. 34 Primary Registration District No. 5117 Registrar's No. _____

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cedar</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Hartsburg</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hartsburg R.F.D.#1</u>		Length of stay in lb <u>Life</u>	d. STREET (If outside, give location) ADDRESS <u>Hartsburg R.F.D.#1</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Hartley</u> Last <u>Sappington</u>			4. DATE OF DEATH Month <u>September</u> Day <u>19</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 31 1874</u>	9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>5</u> Days <u>18</u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Hartsburg Rural Missouri</u>	
13. FATHER'S NAME <u>William Sappington</u>			14. MOTHER'S MAIDEN NAME <u>Luncinda Zumwalt</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u> </u> <u> </u> <u> </u> <u> </u>		16. SOCIAL SECURITY NO. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>		17. INFORMANT <u>Celia Nichols</u> <u>Hartsburg, Missouri</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia - hypostatic -</u> <u>Cerebral Arterio-scleraxis -</u> <u>General Arterio-scleraxis - 334x</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <input checked="" type="checkbox"/>					INTERVAL BETWEEN ONSET AND DEATH <u>7 days -</u> <u>1 year +</u> <u>years -</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1956 -</u> to <u>19th Sept 57</u> and last saw <u>her</u> <u>him</u> alive on <u>19th Sept 57</u> Death occurred at <u>7:55</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Henry Hall</u> (Degree or title) <u>M.D.</u>			22b. ADDRESS <u>Ashland, Mo</u>		22c. DATE SIGNED <u>20/9/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 22 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Pleasant Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Boone County Missouri</u>
24. FUNERAL DIRECTOR <u>W. C. Burnett</u> ADDRESS <u>Ashland Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9/21/57</u>		25. REGISTRAR'S SIGNATURE <u>Mrs Mildred Burnett</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

(Licensed Embolmer's Statement on Reverse Side)

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 *W^m C. Burnett*.....

Licensed Embalmer No. *35*.....

P. O. Address *Ashtab*.....

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