MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-020406
STATE FILE NUMBER

AMENDED

Registration District No. 4037 Primary Registration District No. 4049 Registrar's No. 26

FILED JUN 19 1961

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Centralia
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hulen Nursing Home
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: Ashland
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): R.F.D. #1
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Clarence Middle: Morgan Last: Sapp
4. DATE OF DEATH: Month: June Day: 3 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: March 27 1884
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman, State
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Ashland Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Ely Sapp
13b. MOTHER'S MAIDEN NAME: Clara Morgan
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT: Hulen Sapp Address: Ashland Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 h.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral hemorrhage — 1 week
DUE TO (c): Arteriosclerosis — unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 _____, to 6-3-61 and last saw her/him alive on 6-3-61.
Death occurred at 6-3-61 - 1:45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: McKelley (Degree or title) DO
22b. ADDRESS: Moberly Mo
22c. DATE SIGNED: 6-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 5 1961
23c. NAME OF CEMETERY OR CREMATORY: New Liberty Cemetery
23d. LOCATION (City, town, or county) (State): Ashland Mo
24. FUNERAL DIRECTOR: Wm C. Burnett ADDRESS: Ashland Mo
25. DATE RECD. BY LOCAL REG.: June 17. 1961
26. REGISTRAR'S SIGNATURE: Maud McBride
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

Mail To
Paul Bellmer
Centralia
Mo

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. 2564

P. O. Address Ashland Mo

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.