

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035905

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 608

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 18 1961

1. PLACE OF DEATH
 a. COUNTY Boone
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Length of stay in lb 7 hr. 30 min.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital Inside Limits Yes No

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

3. NAME OF DECEASED (Type or print) First Middle Last
Leslie Susan Sappington
 4. DATE OF DEATH Month Day Year
October 9, 1961

5. SEX Female 6. COLOR OR RACE Cauc. 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 10-8-61 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min. 7 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) Columbia Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Billy Reed Sappington 13b. MOTHER'S MAIDEN NAME Dorothy Beatrice Crump 14. NAME OF HUSBAND OR WIFE
Mrs. Dorothy Sappington Address Ashland Mo

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

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Congenital interatrial septal defect of the heart INTERVAL BETWEEN ONSET AND DEATH 7 1/2 hours
 DUE TO (b)
 DUE TO (c)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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. 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 10-8-61 to 10-9-61 and last saw her alive on 10-9-61.
 Death occurred at 2:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard E Johnson, M.D. 22b. ADDRESS Columbia, Missouri 22c. DATE SIGNED 10-9-61

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 23b. DATE Oct 9 1961 23c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery Ashland Mo 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS Burnett Funeral Home Ashland Mo 25. DATE RECD. BY LOCAL REG. Oct 9 1961 26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer

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. 3567
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.