

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

779

FILED FEB 6 1953

BIRTH NO. _____		REG. DIST. NO. <u>80</u>		PRIMARY REG. DIST. NO. <u>5306</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u> <u>MARION Twp</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Centertown</u>		c. LENGTH OF STAY (If this place) <u>2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marion</u>		d. STREET ADDRESS (If rural, give location) <u>Intown 0269</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Edwards Family Burial Cemetery</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 1 - 1953</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Russell</u> b. (Middle) <u>Floyd</u> c. (Last) <u>Sapp</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 2 - 1906</u>		9. AGE (In years last birthday) <u>46</u> if under 1 year: Months <u>1</u> Days <u>29</u> if under 12 hours: Hours <u>1</u> Min.	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Marion, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Arthur Sapp</u>		13b. MOTHER'S MAIDEN NAME <u>Ollic Taggart</u>		14. NAME OF HUSBAND OR WIFE <u>Anna R. Sapp</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, state year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>49009-916</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna R. Sapp - Marion, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to Death</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Fire started</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marion, Mo.</u>			
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 <u>in car and whole body charred</u>			
22. I hereby certify that I attended the deceased from <u>Dec 10</u> , 19 <u>52</u> , to <u>Feb 1</u> , 19 <u>53</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Bruce</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>2-1-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 3 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Marion Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 3</u>		REGISTRAR'S SIGNATURE <u>Ms. Minnie Hittman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Johnson - J. C. Mo.</u>			

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

S. No. 300  
v. 10.48

5260  
9360

FEB 20 1953

FEB 13 1953

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 .....

Student Embalmer

Signed

*J. R. Anderson*

*Body not Embalmed.*

Licensed Embalmer No. 3641

P. O. Address \_\_\_\_\_

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 this body is not embalmed, fact should be so stated above.