

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

State File No. **29375**

V. S. No. 300
Rev. 10. 48

FILED SEP 1 - 1953

BIRTH NO. _____ REG. DIST. NO. **222** PRIMARY REG. DIST. NO. **4333** Registrar's No. **97**

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksburg		c. CITY OR TOWN Clarksburg	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 months		e. STREET ADDRESS (If rural, give location) No street numbers	
d. FULL NAME OF HOSPITAL OR INSTITUTION No street numbers		f. STREET ADDRESS No street numbers	

3. NAME OF DECEASED (Type or Print) a. (First) Pearl b. (Middle) _____ c. (Last) Sappington			4. DATE OF DEATH (Month) (Day) (Year) Aug. 12. 1953		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 24th. 1878	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) New Castle, Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Round	13b. MOTHER'S MAIDEN NAME Mary Perkins	14. NAME OF HUSBAND OR WIFE (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Maggie Hurt, Clarksburg, Mo	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 + yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Clarksburg Moniteau Mo
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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?
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22. I hereby certify that I attended the deceased from 5-29, 1953, to 8-11, 1953, that I last saw the deceased alive on 8-11, 1953, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE R. S. Dulka, M.D. (Degree or title)	23b. ADDRESS California, Mo	23c. DATE SIGNED 8-12-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 14. 1953	24c. NAME OF CEMETERY OR CREMATORY Masonic cemetery	24d. LOCATION (City, town, or county) (State) Clarksburg, Missouri
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DATE REC'D BY LOCAL REG. Aug 15, 53	REGISTRAR'S SIGNATURE H. Lopez	EMERALD DIRECTOR'S SIGNATURE J. L. R. Sewell	ADDRESS Richard Tipton
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(Licensed Embalmer's Statement on Reverse Side)

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

0680

0680

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, ~~only~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jewell E. Richards*
Licensed Embalmer No. *2466*
P. O. Address *Lipton 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.