BIRTH NO. BEE. DIST. NO. 222 PRIMARY REG. DIST. NO. 133 Registror's No. 1. PLACE OF DEATH COUNTY COUNTY COUNTY STATE MISSOURI COUNTY STATE MISSOURI COUNTY STATE MISSOURI COUNTY STATE MISSOURI COUNTY	S. No.300	FILED MAY 4 1950 STANDARD CERTIFICATE OF DEATH	13863		
A COUNT MONITORU MONITORU D. CITY (II studies comparise limits, write BURAL and street commode) TOWN Clarks burg G. FULL NAME of cit set to heapted or institution, street steen address or location of the Monitory ADMITTUTION NO Street numbers G. FULL NAME of cit set to heapted or institution, street steen address or location of larks burg TOWN Clarks burg G. FULL NAME of cit set to heapted or institution, street steen address or location of larks burg TOWN Clarks burg G. FULL NAME of cit set to heapted or institution, street steen address or location or location of larks burg MONITOR NO Street numbers G. FULL NAME of cit set to heapted or institution, street steen address or location or locati	v. 10.40	Store the Womenman			
D. CITY (IT outside originate links, write RURAL and dres forwards) STAY in this place OF FULL NAME OF Get set houghts or institution, size stress altime or locations) OF FULL NAME OF GET on thoughts or institution, size stress altime or locations) OF FULL NAME OF GET on thoughts or institution, size stress altime or locations) OF FULL NAME OF GET on thoughts or institution, size stress altime or locations) OF FULL NAME OF GET on thoughts or institution, size stress altime or locations) OF FULL NAME OF GET or thoughts or institution, size stress altime or locations) OF FULL NAME OF GET or thoughts or institution, size stress altime or locations) OF FULL NAME OF GET or thoughts or institution, size stress altime or locations) OF FULL NAME OF GET or thoughts or institution of the size of locations or loca	1.8	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived 14 to			
TOWN Clarks burg G. Fill: type of the six begind or institution, three street address or location of control in Street numbers G. Fill: type of the six begind or institution, three street address or location of control institution, three street address or location of control institution, three street numbers J. RAME OF B. (Pint) D. (Middle) S. SEX D. COLOR OR RACE 7, MARRED, INVER MARRE	b_{α} ,	Moniteau Missouri Monites	iu.		
d. FULL MAME Of CIT cas to boughts or institution, sire street actions or location of No Street numbers Composition of the property of the	/	OR COMPANY STAV (In Abit about 1977)	A		
Septiming Guy Roy Roy Septiming Guy Roy Roy Roy Roy Roy Roy Roy R	CORI	B ADDRESS	1)		
Septiming Guy Roy Roy Septiming Guy Roy Roy Roy Roy Roy Roy Roy R	RE	3 NAME OF a (Piret) b (Middle)			
13. FATHER'S NAME HUBB B SAPPINGTON 13. NOTHER'S MAIDEN NAME MATIAM PIZET 14. NAME OF HUSBAND OR WIFE		(Type or Print) Guy Roy Sappington OF 4/26/			
13. FATHER'S NAME HUBB B SAPPINGTON 13. NOTHER'S MAIDEN NAME MATIAM PIZET 14. NAME OF HUSBAND OR WIFE	ANE	Male White Single DIVORCED (Specify) 3/6/1878 72 Months	TYEAR OF UNDER 14 HES. Days Hours Min.		
13. FATHER'S NAME HUBB B SAPPINGTON 13. NOTHER'S MAIDEN NAME MATIAM PIZET 14. NAME OF HUSBAND OR WIFE	ERM	done during most of working life, even if ration()	12. CITIZEN OF WHAT COUNTRY?		
MEDICAL CERTIFICATION INTERVAL BETWEE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) DIRECTLY LEADING TO DEATH*(b) DIRECTLY LEADING TO DEATH*(c) DIRECTLY LEADING TO DEATH*(c	₹	138. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE			
MEDICAL CERTIFICATION INTERVAL BETWEE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) DIRECTLY LEADING TO DEATH*(b) DIRECTLY LEADING TO DEATH*(c) DIRECTLY LEADING TO DEATH*(c	R A	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME	ADDRESS		
MEDICAL CERTIFICATION INTERVAL BETWEE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) DIRECTLY LEADING TO DEATH*(b) DIRECTLY LEADING TO DEATH*(c) DIRECTLY LEADING TO DEATH*(c	MA.	Anger more on other town 1 (1) Ager with a wall of critical of scillator 1 1 1 1 1 1 1 1 1			
This does not mean the discount of dying, such as heart failure, eathenia, rice to the choose cause (a) stating the mode of dying, such as heart failure, eathenia, rice to the choose cause (a) stating the underlying ocuse fail. DUE TO (c) DUE TO (c) 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) 21d. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) AT WORK AT WORK 22 I hereby certify that I attended the deceased from Live on Lynn, from the causes and on the date stated above. 22 I hereby certify that I attended the deceased from Live on Lynn, from the causes and on the date stated above. 22a. SCINATURE 22a. SCINATURE 22a. BURIAL. CREMATOR 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or country) (State) DATE REC'D BY LOCAL 4 28/50 MASONIC CE ME CETY Clarks burg, Mo DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 20 JULIARIAL ANTWORK ANTWORK ANTWORK ANDRESS Clarks burg, Mo JULIARIAL ADDRESS CLARIEST ANTWORK ADDRESS Clarks burg, Mo JULIARIAL ADDRESS Conditions, if any, gioing DUE TO (b) COUNTY COUNTY 19a. CITY, TOWN, OR TOWNSHIP) (COUNTY) (State) 21f. HOW DID INJURY OCCUR? 19a. CITY, 19a. C, that I last saw the decease allowed the decease and on the date stated above. 22a. SCINATURE 24a. BURIAL. CREMATORY 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL 4/28/50 MASONIC CE ME CETY Clarks burg, Mo JULIARIAL ADDRESS CLARKS SIGNATURE ADDRESS	1 1	18 CAUSE OF DEATH MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH		
DUE TO (6) Condition which caused death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	LACK	I his apes that theatt			
tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION YES		etc. It means the dis-			
24a. BURIAL. CREMA- TION, REMOVAL (Specify) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) BURIAL 4/28/50 MASONIC Cemetery Clarksburg, Mo DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 200 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4-29-50 Budie Sturgis O Secure C-Victures Signature	DING	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	4201		
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24a. BURIAL. CREMA- TION, REMOVAL (Specify) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) BURIAL 4/28/50 MASONIC Cemetery Clarksburg, Mo DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 200 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4-29-50 Budie Sturgis O Secure C-Victures Signature	sn—	OF WHILEAT NOT WHILE	,		
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 200 & FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4-29-50 Budie Sturges O Jewelo-E-Victoria Sipton M			23c. DATE SIGNED		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 200 & FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4-29-50 Budie Sturges O Jewelo-E-Victoria Sipton M	€	248. BURIAL, CREMA- 1 24b. DATE 124C. NAME OF CEMETERS OF CREMATORY 1 246 10CATION (CITED AND COMPANY)	1/ 7/00/		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 200 & FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4-29-50 Budie Sturges O Jewelo-E-Victoria Sipton M	WRI	Burial (1) 4/28/50 Masonic Cemetery Clarks burg Mo.	1 4		
7-29-50 Budie Sturges O Lemelo E-Vicharde Liston		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 200 5 FUNERAL DIRECTOR'S SIGNATURE	 		
	<u>[</u>		istor 40		
(Licensed Embalmer's Statement on Reverse Side)		(Licensed Embalmer's Statement on Reverse Side)	<i>/</i>		

District Haaith Officer No. 9, REUEIVED MAY 1

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.

Licensed Embalmer No. 2466

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

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

the above constitutes grounds for revocation of license.)