

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30079**

FILED OCT 13 1946

Registration District No. **3022** Primary Registration District No. **3022** Registrar's No. **95**

1. PLACE OF DEATH:

(a) County **Harrison**

(b) City or town **Bethany**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Bethany Hospital **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) **All life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Harrison** **41**

(c) City or town **Cainsville** **6**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **6**

(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Joseph Harvey Sexton**

3. (b) If veteran, name war: **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 16, 1864**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	8	29	hr. _____ min. _____

9. Birthplace **Mercer County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

12. Name **Isaac F. Sexton**

13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Sparks**

15. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lucy Olive Hoadley**
(b) Address **Cainsville, Missouri.**

17. (a) **Burial** (b) Date thereof **Sept. 17, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Zoar Cemetery, Cainsville**

18. (a) Signature of funeral director **E. J. Stoklasa**
(b) Address **Cainsville, Missouri.**

19. (a) **Oct 2-46** (b) **Zola Bunn**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **15th** year **1946** hour **7** minute **A.M.**

21. I hereby certify that I attended the deceased from **August 15, 1946** to **Sept 17, 1946**
that I last saw him alive on **10 PM Sept 17, 1946** and that death occurred on the date and hour stated above

Immediate cause of death **Pulmonary embolism** Duration _____

Due to **Embolus in right leg with development of gangrene** **2 days**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **Miriam Seabert** (M. D. or other) **0**
Address **Bethany, Missouri.** Date signed **9/18/46**

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

MOTHER FATHER

APR 2 1964

DISTRICT HEALTH OFFICE
Cameron, 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, Eddie J. Stoklasa

Eddie J. Stoklasa

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri

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.