

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5410

State File No. ....

559

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. L7C PRIMARY REG. DIST. NO. 5664 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon M. R.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u>	
c. LENGTH OF STAY (in this place) <u>4</u>		d. STREET ADDRESS (If rural, give location) <u>J</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rigsby Convalescent Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jimmie</u> b. (Middle) <u>A.</u> c. (Last) <u>Sexton</u>		4. DATE OF DEATH! (Month) (Day) (Year) <u>Apr. 16 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>6-18-1882</u>
9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>6</u>	11. DAYS <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	11. BIRTHPLACE (State or foreign country) <u>Ky 1</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Joe Sexton</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Marshall</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Dixie Rose Sexton Miller Mo.</u>		ADDRESS <u>Miller 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Hepatic Enlargement (Tumor)</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>10 da</u> <u>Indolent</u> <u>5 yrs. +</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NO</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-10</u> , 19 <u>49</u> , to <u>1-14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-14</u> , 19 <u>49</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Kenneth Glover</u>		23b. ADDRESS <u>Mt. Vernon, Mo</u>	
23c. DATE SIGNED <u>1/26/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-18-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Patterson</u>		24d. LOCATION (City, town, or county) (State) <u>8 mi. N. Miller Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-20-49</u>		REGISTRAR'S SIGNATURE <u>W. S. Bristow</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris - Dennis Miller Mo.</u>		ADDRESS <u>Miller Mo.</u>	

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

RECEIVED  
District Health Officer No. 6,  
District File Number 349-249  
Date Filed 3-5-49

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

*Paul V. Gouty*

Student Embalmer No. 226

working under my personal supervision.

Signed *Paul V. Gouty*  
Student Embalmer

Signed *E. R. Leiman*

Licensed Embalmer No. 3297

P. O. Address Miller 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 this body is not embalmed, fact should be so stated above.