

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26099****26099**

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 223			
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Columbia		c. LENGTH OF STAY (in this place) 29 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1711 Hinkson Ave.				d. STREET ADDRESS (If rural, give location) 1711 Hinkson Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) ELSIE		b. (Middle) OPAL		c. (Last) SEXTON		4. DATE OF DEATH (Month) (Day) (Year) August 30, 1949			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 9, 1910			
9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Saline County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Matthew Anderson Sims			13b. MOTHER'S MAIDEN NAME Amanda Belle Asbury			14. NAME OF HUSBAND OR WIFE James Sexton			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Sexton, 1711 Hinkson Ave., Columbia					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis 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. NO2						INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) (Min.)		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 Aug-10, 1949 , to Aug-30, 1949 , that I last saw the deceased alive on Aug-30, 1949 , and that death occurred at 6:30 A. m. , from the causes and on the date stated above.									
23a. SIGNATURE F. C. Ruggett M.D. (Degree or title)				23b. ADDRESS Columbia		23c. DATE SIGNED 8/30/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 31, 1949		24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery		24d. LOCATION (City, town, or county) (State) Columbia, Missouri.			
DATE REC'D BY LOCAL REG. Aug. 31 1949		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		31		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parsons Funeral Service, Columbia, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number _____
District Health Officer No. 9,
RECEIVED SEP 6 1919

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 *M. A. Whitesides* _____

Licensed Embalmer No. *3893* _____

P. O. Address *Columbia 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.