

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 7 1951

State File No. 3795

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 5119 Registrar's No. 15

| | | | |
|---|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>CENTRALIA</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> 0100 | |
| c. LENGTH OF STAY (in this place) <u>5 weeks</u> | | d. STREET ADDRESS (If rural, give location) <u>Route 6</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 5</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>George</u> c. (Last) <u>Sexton</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-2-1951</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Dec. 30-1866</u> |
| 9. AGE (In years last birth) <u>84</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u> | | 10. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Enoch Sexton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Chick</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Annie Sexton</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Annie Sexton, Centralia, 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>Right heart failure</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 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) | | | |
| 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 <u>1950</u> , 19 <u>50</u> , to <u>1951</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1951</u> , 19 <u>51</u> , and that death occurred at <u>1951</u> , <u>1951</u> , from the causes and on the date stated above. | | | |
| 23. SIGNATURE (Degree or title) <u>Harry W. Griffith, M.D.</u> | | 23b. ADDRESS <u>Columbia Mo 65203-5T</u> | |
| 23c. DATE SIGNED <u>Mar 3-51</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Mar 4-1951</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>March 4-1951</u> | | REGISTRAR'S SIGNATURE <u>Maud M. Bride</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul G. Ballew</u> | | ADDRESS <u>Centralia, Mo.</u> | |

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

RECEIVED 3-6-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-6-51 _____

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 Paul D. Baller

Licensed Embalmer No. 4206

P. O. Address Centralia, 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.