

FILED JUL 2 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23468**

BIRTH NO. _____ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **6241** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY <i>Washington</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Washington</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural - Breton Twp.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural - Breton Twp.</i>	
c. LENGTH OF STAY (in this place) <i>425.</i>		d. STREET ADDRESS (If rural, give location) <i>Near Petoski 1100</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Near Petoski Mo.</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>George</i>	b. (Middle)	c. (Last) <i>Sedgwick</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>June 25 - 1952</i>
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>April 28 1870</i>	9. AGE (in years last birthday) <i>82</i>	10. UNDER 1 YEAR Months <i>1</i> Days <i>27</i>	11. UNDER 100 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Washington Co. Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Banta Sedgwick</i>	13b. MOTHER'S MAIDEN NAME <i>Caroline Gater</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Herman Sedgwick Petoski Mo.</i>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute dilatation heart following</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>heart following</i>		
	DUE TO (c) <i>carcinoma ear and left side of head</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>15yrs standing</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>15yrs standing</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <i>1991</i>
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22. I hereby certify that I attended the deceased from *1/1*, 19*40* to *6/25*, 1952 that I last saw the deceased alive on *6/25*, 1952 and that death occurred at *4:30 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. H. Sewell M.D.</i>	(Degree or title)	23b. ADDRESS <i>Petoski Mo.</i>	23c. DATE SIGNED <i>6/28/52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>6-27-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Newburgs Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Washington Co. Mo.</i>
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DATE REC'D BY LOCAL REG. <i>6/28/52</i>	REGISTRAR'S SIGNATURE <i>Hubert Rudolph</i>	403-9	25. FUNERAL DIRECTOR'S SIGNATURE <i>Luther Spahr</i>	ADDRESS <i>Petoski Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

JUL 1952

WASH. COUNTY HEALTH DEPT.

File No. 752-323

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 Murphy

Licensed Embalmer No. 4256

P. O. Address Flat River 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.