

THE DIVISION OF HEALTH OF MASSACHUSETTS  
 STANDARD CERTIFICATE OF DEATH

State File No. **41933**

0351  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

Dr Beall

BIRTH DATE <b>DEC 24 1952</b>		REG. DIST. NO. <b>104</b>	PRIMARY REG. DIST. NO. <b>4176</b>	Registrar's No. <b>49</b>
1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Madison</b>		
b. CITY OR TOWN <b>Malden (air Base)</b>	c. LENGTH OF STAY (In this place) <b>1 yr</b>	c. CITY OR TOWN <b>Rural</b> <b>0490</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>at home</b>		d. STREET ADDRESS (If rural, give location) <b>✓</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Andy</b> b. (Middle) <b>Bynum</b> c. (Last) <b>Sexton</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov - 8 - 1952</b>		
5. SEX <b>MO</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug - 9 - 1893</b>	9. AGE (In years last birthday) <b>59</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pump operator for City of Malden</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Andy Sexton</b>		
13b. MOTHER'S MAIDEN NAME <b>Adaline Bynum</b>		14. NAME OF HUSBAND OR WIFE <b>Effie Sexton</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes</b>		16. SOCIAL SECURITY NO. <b>497-18-2059</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Adaline Sexton - Malden Mo air Base</b>
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) <b>Metastatic Carcinoma of brain</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Pulmonary Carcinoma</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Pulmonary Carcinoma</b>		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)		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 <b>Oct 1st</b> , 1952, to <b>Nov 8</b> , 1952, that I last saw the deceased alive on <b>Nov 7</b> , 1952, and that death occurred at <b>4 A</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Homer Beall</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>110 N. Main St Malden Mo</b>		23c. DATE SIGNED <b>11-17-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov - 9 - 52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>(Malden) Brook Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>West Edge of Malden Mo</b>		DATE REC'D BY LOCAL REG. <b>12/13/52</b>		
REGISTRAR'S SIGNATURE <b>J. D. Scherman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>F. E. Knight</b> ADDRESS <b>Malden Mo</b>		

MAR 6 1953

RECEIVED DUNKLIN COUNTY HEALTH DEPARTMENT 12-15-52 COUNTY FILE NUMBER 1252-34

DEC 27 1952

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 *Thomas C Knight* .....

Licensed Embalmer No. *2189* .....

P. O. Address *Malden Mass* .....

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.