

FILED JUN 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21260

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5448 Registrar's No. 72

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

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huggins		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huggins	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) North of Carmack Corners, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) Earl	c. (Last) Sexton	4. DATE OF DEATH (Month) (Day) (Year) June 5, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 9, 1892	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 9 Days 26	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (State or foreign country) Gentry County, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME James F. Sexton	13b. MOTHER'S MAIDEN NAME Betty Elizabeth Malson	14. NAME OF HUSBAND OR WIFE Elsie Dragoo
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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 Mrs. Earl Sexton	ADDRESS Albany, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cornary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Septicemia 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 1, 1953 to June 5, 1953, that I last saw the deceased alive on June 5, 1953, and that death occurred at 12:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE O. A. Williamson (Degree or title)	23b. ADDRESS Gentry, Mo.	23c. DATE SIGNED 6-2-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 8, 1953	24c. NAME OF CEMETERY OR CREMATORY Carmack Cemetery	24d. LOCATION (City, town, or county) (State) Albany, Mo.
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DATE REC'D BY LOCAL REG. June 23-53	REGISTRAR'S SIGNATURE Margaret Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Clifford Burke	ADDRESS Albany Mo
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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.