

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

604

State File No. ....

 BIRTH NO. DECEMBER 6 1954 REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY OR TOWN <b>Excelsior Springs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Excelsior Springs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>901 St. Louis Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>901 St. Louis Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARTHA</b>		b. (Middle) <b>MAY</b>	
c. (Last) <b>SEXTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 21, 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 25, 1880</b>
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William T. Grimes</b>	
13b. MOTHER'S MAIDEN NAME <b>Mattie Berryman</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph W. Sexton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Sallie Grimes, 715 Boulevard, Excelsior Springs, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>  ANTECEDENT CAUSES DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>  <b>10 years</b>  <b>10 yrs.</b>		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)	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>9/14</u> , 19 <u>43</u> , to <u>1/21</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1/21/54</u> , 19 <u>54</u> , and that death occurred at <u>8:30 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>Excelsior Springs, Mo.</b>	23c. DATE SIGNED <b>1/21/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-24-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Plattsburg, Mo.</b>
DATE REC'D BY LOCAL REG. <b>1/26/54</b>	REGISTRAR'S SIGNATURE <b>Baroline Hutchings</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Claude Richard</b>	ADDRESS <b>Ex. Springs Mo</b>

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

**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 *Lindell K. Jarman*

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs*

**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.