

FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **26959**
 BIRTH NO. _____ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **5506** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Clinton		c. LENGTH OF STAY (in this place) 7 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0420		d. STREET ADDRESS (If rural, give location) 10 Miles N of Clinton
d. FULL NAME OF HOSPITAL OR INSTITUTION 10 Miles N of Clinton			d. STREET ADDRESS (If rural, give location) 10 Miles N of Clinton		
3. NAME OF DECEASED (Type or Print) James Alexander Sexton		a. (First) James	b. (Middle) Alexander	c. (Last) Sexton	4. DATE OF DEATH (Month) (Day) (Year) Aug 8 - 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-6-1876	9. AGE (In years last birthday) 77	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal miner
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal miner		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Green Co Tenn	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Sexton		13b. MOTHER'S MAIDEN NAME Harriet S		14. NAME OF DECEASED WIFE Goldie Sexton	
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. 492-12-6988	17. INFORMANT'S SIGNATURE OR NAME Goldie O Sexton Clinton Mo			
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) CARDIAC INFARCTION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY OCCLUSION DUE TO (c) GENERALIZED ARTERIO-SCLEROSIS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH APPROX. 3 HRS APPROX. 3 WKS 10 YEARS		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 4201				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>JULY 12</u>, 19<u>54</u>, to <u>AUG. 6</u>, 19<u>54</u>, that I last saw the deceased alive on <u>AUG. 6</u>, 19<u>54</u>, and that death occurred at <u>6:30A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Heckson C. Masch M.D.			23b. ADDRESS Clinton, Missouri		23c. DATE SIGNED AUG. 10, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-10-1954	24c. NAME OF CEMETERY OR CREMATORY Bethlehem cem		24d. LOCATION (City, town, or county) (State) Henry Co Mo	
DATE REC'D BY LOCAL REG. Aug 10-54	REGISTRAR'S SIGNATURE Florence Bidau		25. FUNERAL DIRECTOR'S SIGNATURE Richard Sickman Dunning Clinton Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

Robert J. Danner

Licensed Embalmer No. *4310*

P. O. Address *Chillicothe, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.