

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30209

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>116</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>311 College Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>311 College Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JEAN</u>		b. (Middle) <u>E</u>		c. (Last) <u>SEXTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 3 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 26, 1905</u>	
9. AGE (In years last birthday) <u>49</u>		10. MONTHS <u>0</u>		10. DAYS <u>0</u>		10. HOURS <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Athletic Coach</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired 19 Yrs.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>Kennett, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Arthur Sexton</u>		13b. MOTHER'S MAIDEN NAME <u>Dollie Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Gladdish Sexton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Glenn Sexton</u>		ADDRESS <u>Kennett, Mo.</u>	
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) <u>A cute Congestive Heart failure 30m</u> ANTECEDENT CAUSES DUE TO (b) <u>A first attack 10 days prior to his death</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>+</u> <u>341</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 20, 1954</u> to <u>Sept 3, 1954</u> that I last saw the deceased alive on _____ 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Haul Baldwin M.D.</u>		(Degree or title) <u>0</u>		23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>9-7-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 5 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-8-1954</u>		REGISTRAR'S SIGNATURE <u>Carl Husban</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Husban</u>		ADDRESS <u>Kennett, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 9-15-54
COUNTY FILE NUMBER 954-24

VS
SEP 30 1969

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 _____

Lyman R. Cunningham

Student Embalmer No. 503

working under my personal supervision.

Student

Lyman R. Cunningham
Student Embalmer

Signed

J. H. Moore

Licensed Embalmer No. 255b

P. O. Address Kennett, Missouri

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.