

STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4365

1. PLACE OF DEATH a. COUNTY Newton b. CITY OR TOWN Newtonia c. LENGTH OF STAY 4 Yrs. 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Newton c. CITY OR TOWN Newtonia d. FULL NAME OF HOSPITAL OR INSTITUTION At Home

3. NAME OF DECEASED a. (First) Grover b. (Middle) Cleveland c. (Last) Sexson 4. DATE OF DEATH Feb. 17 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH July 14 1897 9. AGE 57

10a. USUAL OCCUPATION Farming 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE Washington Co. Arkansas 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William A. Sexson 13b. MOTHER'S MAIDEN NAME Martha A. Rose 14. NAME OF HUSBAND OR WIFE Rosie Sexson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. 480-36-7080 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosie Sexson Newtonia, Mo.

18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary Occlusion II. OTHER SIGNIFICANT CONDITIONS

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-16, 1955 to 2-17, 1955 that I last saw the deceased alive on 2-16, 1955, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Dr. P. Adams M.D. 23b. ADDRESS Newtonia Mo 23c. DATE SIGNED 2-18-55

24a. BURIAL, CREMATION, REMOVAL Burial 24b. DATE 2-20-55 24c. NAME OF CEMETERY OR CREMATORY Newtonia I.O.O.F 24d. LOCATION Newtonia, Mo.

DATE REC'D BY LOCAL REG. 2-23-1955 REGISTRAR'S SIGNATURE Alpha Dyer FUNERAL DIRECTOR'S SIGNATURE Wm Morris Pope Newton, Mo.

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

RECEIVED

NEWSPAPER

355-30
9-1-55

NEWSPAPER, MISSOURI

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 Signature of Student Embalmer

Signed *James Kayth Lucas*
Licensed Embalmer No. *476*

P. O. Address *Wheaton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.