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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7203

State File No. 832

FILED FEB 17 1956

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Illinois</i> b. COUNTY <i>Madison</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>Edwardsville</i>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo Pacific Hospital</i>				e. STREET ADDRESS (If rural, give location) <i>814 Troy Rd.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>JOHN</i>		b. (Middle) <i>EDWARD</i>		c. (Last) <i>Sexton</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>JAN 22 1956</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Feb. 24, 1885</i>	
9. AGE (In years Last birthday) <i>70</i>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Conductor</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>		11. BIRTHPLACE (City and State or Foreign Country) / <i>Menard Co., Ill.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>				13a. FATHER'S NAME <i>John W. Sexton</i>		13b. MOTHER'S MAIDEN NAME <i>Nancy Lott</i>	
14. NAME OF HUSBAND OR WIFE <i>Hazel Sexton</i>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>Unknown</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Hazel Sexton, Edwardsville, Illinois</i>				18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertensive Encephalopathy</i>		INTERVAL BETWEEN ONSET AND DEATH	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i>			
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerosis, Generalized</i>			
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) (Min.)		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 <i>SEPT. 19 55</i> to <i>JAN. 22 1956</i> , that I last saw the deceased alive on <i>JAN. 22 1956</i> , and that death occurred at <i>8:12 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Doctor or other certifier) <i>Frank K. Kromer, M.D.</i>				23b. ADDRESS <i>1755 S. Grand.</i>		23c. DATE SIGNED <i>1-23-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>1-22-56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Union Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Lincoln, Illinois.</i>	
DATE REC'D BY LOCAL REG. <i>JAN 24 1956</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Malbert H. Hoppe, 4700 Washington Blvd.</i>			

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

made

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE OF CLASSIFICATION

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 *Elton H. Remelino*

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

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.