

FILED JAN 2 1957

## STANDARD CERTIFICATE OF DEATH

42430

STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. 5960 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <b>Platte</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Green Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Green Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5 miles N. Platte City</b>			Length of stay in 1b <b>3 Years</b>		d. STREET ADDRESS <b>5 Miles N. Platte City</b>
3. NAME OF DECEASED (Type or print) <b>Lewis Stith Sexton</b>			4. DATE OF DEATH <b>December 22 1956</b>		Month <b>December</b> Day <b>22</b> Year <b>1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>November 19, 1868</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City and state or country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>Martin P. Sexton</b>			14. MOTHER'S MAIDEN NAME <b>Mary Ann Tinchner</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. John Riddle</b> Address <b>Platte City Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>By atherosclerosis</b> <b>Hyper-tension Cardiovascular</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cholesterol</b> DUE TO (c) <b>Disease</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <b>April 1955</b> to <b>Dec 24, 1956</b> and last saw <del>her</del> him alive on <b>Dec 22, 1956</b> Death occurred at <b>6 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Richard R. Rollins</b> (Degree or title)		22b. ADDRESS <b>Platte City, Mo.</b>		22c. DATE SIGNED <b>Dec. 24, 1956</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>Burial</b>	<b>Dec. 24, 1956</b>	<b>Platte City Cemetery</b>		<b>Platte City Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Rollins &amp; Mitchell Platte City Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 24, 1956</b>	26. REGISTRAR'S SIGNATURE <b>R. Rollins</b>		

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

00  
567  
0



**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.....  
*Edward M. Giffey*

Licensed Embalmer No. 47

P. O. Address *Platte City*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.**