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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009472
STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany		c. CITY OR TOWN Albany 0380	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 509 S. Hundley		d. STREET ADDRESS (If outside, give location) 509 S. Hundley	
Length of stay in lb 1 year		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First James Middle Wesley Last Sexton			4. DATE OF DEATH Month April Day 9 Year 1958		
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5. SEX M D	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 28, 1892	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) rail road. (retired)	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Ashland, Kansas /	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William E. Sexton	13b. MOTHER'S MAIDEN NAME Sarah Frieze	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 481-14-2740	17. INFORMANT B.H. Sexton	Address Albany, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 18 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary disease of heart DUE TO (c)		
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.) 2
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20c. TIME OF INJURY Hour 12:05 a.m. p.m. Month, Day, Year 4/9/58	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Albany, Mo	COUNTY Gentry	STATE Mo.
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21. I attended the deceased from Feb. 58 to 4/9/58 and last saw him ^{born} alive on 4/9/58 Death occurred at 12:05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Degree or title) D.M. Newman M.D.	22b. ADDRESS Albany, Mo	22c. DATE SIGNED 4/10/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Apr. 12 58	23c. NAME OF CEMETERY OR CREMATORY Old Brick	23d. LOCATION (City, town, or country) Gentry County, Mo.
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24. FUNERAL DIRECTOR Clifford dBrooks	ADDRESS Albany, Mo.	25. DATE RECD. BY LOCAL REG. 4-12-58	26. REGISTRAR'S SIGNATURE Mrs. L.W. Bare
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 17 1958

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 byme....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Donald E. Coohel.....

Licensed Embalmer No.4868.....

P. O. Address Albany, Mo......

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.