THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000805
STATE FILE NUMBER

FILED JAN 14 1959 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Dun. Co. Mem. Hosp. — Length of stay in 1b 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Dunklin
c. CITY OR TOWN Kennett 0352 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 709 So. Main — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First A. Middle R. Last Sefton

4. DATE OF DEATH Month Jan Day 3, Year 1959

5. SEX M
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug 3, 1886
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months 5 Days 0 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY Agri
11. BIRTHPLACE (City and state or country) Kennett, Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Nettie Sefton

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. 494-38-7293
17. INFORMANT Nettie Sefton — Address Kennett, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia - Rt. Lung — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Fracture of 2, 3, 4, 5, 6 + 7th ribs, Rt.
DUE TO (c) Automobile accident
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 ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile Collision on South By Pass State Hiway 25 - Kennett Mo 035
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
20f. CITY, TOWN, OR LOCATION Kennett — COUNTY Dunklin — STATE Mo

21. I attended the deceased from Dec 31 1958, to Jan 3, 1959 and last saw him alive on Jan 3, 1959.
Death occurred at 5:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George O Dunning MD
22b. ADDRESS Kennett Mo
22c. DATE SIGNED 1/8/59.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-4-59
23c. NAME OF CEMETERY OR CREMATORY Oak Ridge
23d. LOCATION (City, town, or county) (State) Kennett, Mo

24. FUNERAL DIRECTOR ADDRESS McDaniel Kennett Mo.
25. DATE RECD. BY LOCAL REG. Jan 10-1959
26. REGISTRAR'S SIGNATURE Earl Husband

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

COUNTY FILE NUMBER 159-9

JAN 19

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 ..... Signed Hubert B. Baird
Signature of Student Embalmer

Licensed Embalmer No. 4888

~~P. O. Address~~ Kennett, Tex

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.