

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022010

FILED VS MAY 27 1960

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 128 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SIKESTON</u>		Length of stay in lb	c. CITY OR TOWN <u>SIKESTON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>808 SIKES</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>808 SIKES</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>HARRY</u> Middle <u>O</u> Last <u>SEXTON</u>			4. DATE OF DEATH Month <u>5</u> Day <u>7</u> Year <u>1960</u>			
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-22-1893</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HARDWARE STORE</u>	11. BIRTHPLACE (City and state or country) <u>METROPOLIS ILL</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>WILLIAM SEXTON</u>	13b. MOTHER'S MAIDEN NAME <u>WINIFRED WIMBERLEY</u>	14. NAME OF HUSBAND OR WIFE <u>ORA</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>499-07-4117</u>	17. INFORMANT <u>Mrs Ora Sexton - Sikeston Mo</u> Address
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebrovascular accident (stroke)</u>		<u>immediate</u>
DUE TO (b) <u>Arteriosclerotic cardiovascular disease</u>		<u>indefinite</u>
DUE TO (c) <u>age</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <u> </u> a.m. / Month, Day, Year <u> </u> p.m.
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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
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21. I attended the deceased from 5-7-60 to 5-7-60 and last saw her/him alive on 5-7-60
Death occurred at 3:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>John P. Sargent, M.D.</u>	22b. ADDRESS <u>707 Tanner Street Sikeston, Missouri</u>	22c. DATE SIGNED <u>5-14-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5-9-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	23d. LOCATION (City, town, or county) (State) <u>SIKESTON MO</u>
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24. FUNERAL DIRECTOR <u>Welsh Funeral Home - Sikeston Mo</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>5-16-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Leicester, MA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.