

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040131

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 731

AMENDED FILED DEC 11 1961

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BOONE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>COLUMBIA mo</u>		c. CITY OR TOWN <u>COLUMBIA</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>607 McRAINE</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>SEXTON</u> Last			4. DATE OF DEATH Month <u>12</u> Day <u>3</u> Year <u>61</u>			
--	--	--	---	--	--	--

5. SEX <u>m</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-1-85</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
-----------------	-------------------------------	---	--------------------------------	----------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STEVEN COLLEGE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Jamitor</u>	11. BIRTHPLACE (City and state or country) <u>Woodlinville Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
---	--	---	--

13a. FATHER'S NAME <u>John Sexton</u>	13b. MOTHER'S MAIDEN NAME <u>SKSKE</u>	14. NAME OF HUSBAND OR WIFE
---------------------------------------	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	17. INFORMANT <u>Irvia Cochean</u> Address <u>607 McRaine</u>
--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	

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
---	--

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 _____ a.m. _____ p.m. Month, Day, Year _____

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 12/1/61 to 12/3/61 and last saw him alive on 12/3/61
Death occurred at 6:15 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>B. A. Moramille, II, M.D.</u>	22b. ADDRESS <u>1504 East Broadway Columbia, Mo.</u>	22c. DATE SIGNED <u>12/6/61</u>
--	--	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12-6-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LOG PROVIDENCE</u>	23d. LOCATION (City, town, or county) (State) <u>Boone County Mo</u>
---	--------------------------	--	--

24. GENERAL DIRECTOR <u>George A. Green</u> ADDRESS <u>Fulton Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 6 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 11 1961

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 George H. Penn

Licensed Embalmer No. 41220

P. O. Address Fulton

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.