No. 300
10.48

24

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7235

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EXCELSIOR SPRINGS
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 901 ST. LOUIS AVENUE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CLAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EXCELSIOR SPRINGS
d. STREET ADDRESS (If rural, give location): 901 ST. LOUIS AVENUE

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): WILLIAM
c. (Last): SEXTON

4. DATE OF DEATH (Month) (Day) (Year): FEB. 9 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 26, 1872
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 1, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED POSTAL CLERK
10b. KIND OF BUSINESS OR INDUSTRY: U.S. POST OFFICE
11. BIRTHPLACE (State or foreign country): PARADISE, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEORGE SEXTON
13b. MOTHER'S MAIDEN NAME: LOUISA HALL
14. NAME OF HUSBAND OR WIFE: MATTIE MAY SEXTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Mrs Mattie May Sexton — ADDRESS: Excelsior Springs Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis, — 5 yrs.
DUE TO (c) Ascites, albuminuria.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4 201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 10, 1944, *to* Feb. 9, 1949, *that I last saw the deceased alive on* Feb. 9, 1949, *and that death occurred at* 8:00 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Cracken MD M. D.
23b. ADDRESS: Excelsior Springs, Mo.
23c. DATE SIGNED: 2/10/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB. 11, 1949
24c. NAME OF CEMETERY OR CREMATORY: PLATTSBURG
24d. LOCATION (City, town, or county) (State): PLATTSBURG, MISSOURI

DATE REC'D BY LOCAL REG.: 2/11/49
REGISTRAR'S SIGNATURE: Caroline Hutchings
25. FUNERAL DIRECTOR'S SIGNATURE: Claude Richard — ADDRESS: Excelsior Springs Mo.

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-9-49

APR 11 1949

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 .....
Student Embalmer

Signed Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs,

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 this body is not embalmed, fact should be so stated above.