

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

D. I. Wakeman

8101

State File No.

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 3086	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 3		c. LENGTH OF STAY (In this place) 1 Day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Olatha 9			
d. FULL NAME OF HOSPITAL OR INSTITUTION 739 S. Robberson				d. STREET ADDRESS (If rural, give location) X			
3. NAME OF DECEASED (Type or Print) Poulis		a. (First) Marion		b. (Middle) Sexton		c. (Last)	
4. DATE OF DEATH April 4 1949		5. SEX Male D		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH Sept. 30 1872		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired section Man.		10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R.		11. BIRTHPLACE (State or foreign country) Missouri U		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Melton Richard Sexton		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE X			
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.R. Sexton Springfield, 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) Myocarditis Chronic. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 4 2 2 2 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epithelioma nose ala nasi				INTERVAL BETWEEN ONSET AND DEATH 10 years 10 years	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? ✓			
22. I hereby certify that I attended the deceased from 1 Apr 1949, to 4 Apr 1949, that I last saw the deceased alive on 1 April 1949, and that death occurred at 3:30 p. m., from the causes and on the date stated above.							
23a. SIGNATURE J. Newton Wakeman (Degree or title) M.D.				23b. ADDRESS Springfield Mo		23c. DATE SIGNED 4/5/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/6/49		24c. NAME OF CEMETERY OR CREMATOR Highlandville Cem.		24d. LOCATION (City, town, or county) (State) Highlandville, Mo.	
DATE RECD BY LOCAL REG. 4/7/49		REGISTRAR'S SIGNATURE W.E. Handley and O III		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. Lohmeyer Springfield, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

10.300
0.48

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 *Walter E. Hamilton*

Licensed Embalmer No. 3808

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.