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

FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11666
State File No.

BIRTH NO. 49-012,916 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 145

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL near Pop. Bluff
c. LENGTH OF STAY (In this place): 1 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler 12
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Poplar Bluff Vicinity 0
d. STREET ADDRESS (If rural, give location): Route 5 Poplar Bluff. 0

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

4. DATE OF DEATH (Month) (Day) (Year): April 17, 1949

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single 0
8. DATE OF BIRTH:
9. AGE (In years last birthday): Passed; IF UNDER 1 YEAR: Months 7, Days 7; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Kenneth Sexton
13b. MOTHER'S MAIDEN NAME: Lois Belle Stewart
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Kenneth Sexton
ADDRESS: Rt5 Poplar Bluff 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) Pneumonia, Bronchs — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity Birth wt 2 lbs.
DUE TO (c)

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

491X

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* 10 Mar, 1949, *to* 17 Apr, 19 49, *that I last saw the deceased alive on* 14 Apr, 19 49, *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Emil A. Rat (Degree or title)
23b. ADDRESS Poplar Bluff
23c. DATE SIGNED 21 Apr 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 18, 1949
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: April 22, 1949
REGISTRAR'S SIGNATURE: W H Johnson by Clara E. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE: Wallace R. Knight
ADDRESS: Malden, Missouri
(Licensed Embalmer's Statement on Reverse Side)

APR 25 REC'D
BUTLER COUNTY HEALTH CENTER

449-70

4-25-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by .....

..... Student Embalmer No. .....,

working under my personal supervision.

Signed Wallace R. Knight

Signed .....
Student Embalmer

Licensed Embalmer No. 4514

P. O. Address Malden, 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.