

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18309

State File No. _____
Registrar's No. 17

BIRTH NO. _____ REG. DIST. NO. 335 PRIMARY REG. DIST. NO. 6118

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Scott	
b. CITY OR TOWN Rural SYLVANIA Twp		c. CITY OR TOWN Rural Oran Mo. SYLVANIA Twp	
c. LENGTH OF STAY (in this place) 5 yrs		d. STREET ADDRESS (If rural, give location) ORAN R.F.D. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION ORAN R.F.D. 1		e. STREET ADDRESS (If rural, give location) ORAN R.F.D. 1	

3. NAME OF DECEASED (Type or Print) a. (First) Elisha b. (Middle) _____ c. (Last) Sexton			4. DATE OF DEATH (Month) (Day) (Year) April 26, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	
8. DATE OF BIRTH Jan. 31, 1888		9. AGE (In years) (Months) (Days) 61 2 25		10. UNDER 1 YEAR (Hours) (Min.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Paul Arkansas /
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Waynewrite Sexton		13b. MOTHER'S MAIDEN NAME Myrine Gibson		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Melvin Sexton R.F.D. Painton Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) _____		
DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death. Vasculopathy hypertension		

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 May, 1948, to 4/26, 1949, that I last saw the deceased alive on 4/26, 1949, and that death occurred at 6:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE J.A. Clinch M.D. (Degree or title)		23b. ADDRESS Oran Mo		23c. DATE SIGNED 4/28/49	
--	--	-----------------------------	--	---------------------------------	--

24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 4/29/49		24c. NAME OF CEMETERY OR CREMATORY Morley City	
24d. LOCATION (City, town, or county) (State) Morley Mo.					

DATE REC'D BY LOCAL REG. 5/9/49		REGISTRAR'S SIGNATURE H.B. MacCreedy		25. FUNERAL DIRECTOR'S SIGNATURE W. J. MacCreedy ADDRESS Funeral Home, 4/28/49	
--	--	---	--	--	--

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

RECEIVED

Public Health Office No. 2

District File Number 549-591

Date Filed 5-12-49

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.

Signed Raymond Crews

Licensed Embalmer No. 3467

Signed _____
Student Embalmer

P. O. Address Sikeston 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.