

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29867

State File No.

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lockwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>o. Greenfield Mo. So. Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural o. wp</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u>	b. (Middle) <u>Belle</u>	c. (Last) <u>Sexton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 14, 1950</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 21, 1886</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>house wife</u>	11. BIRTHPLACE (State or foreign country) <u>Lawrence Co Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wm Marsh</u>	13b. MOTHER'S MAIDEN NAME <u>Caselia Bird</u>	14. NAME OF HUSBAND OR WIFE <u>C.C. Sexton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Raymond Sexton So. Greenfield, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr +</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastrointestinal Malignancy</u>		
	ANTECEDENT CAUSES 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. <u>Hypertension Essential</u>		<u>159X</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 1, 1950, to Sept 14, 1950, that I last saw the deceased alive on Sept 13, 1950, and that death occurred at 5:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lee G. McNeil, MD</u>	23b. ADDRESS <u>Greenfield, Mo.</u>	23c. DATE SIGNED <u>Sept 14 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-16-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shiloh Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dade Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-16-50</u>	REGISTRAR'S SIGNATURE <u>Lee G. Weir</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.R. Allison Greenfield Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3290
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 25 1950

Dist. File 950-1974

Date Filed 9-25-50

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 W. P. Allison

Licensed Embalmer No. 4404

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.