

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5030

BIRTH NO. 9277-51 REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City RURAL</u>	
c. LENGTH OF STAY (In this place)		0420	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Jackson County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>837 So. Hardy</u>	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>ROBERT</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>SEXTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17th, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Feb. 17th, 1951</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Arthur J. Sexton</u>		13b. MOTHER'S MAIDEN NAME <u>Naomi Maxine Wallace</u>		14. NAME OF HUSBAND OR WIFE -----	
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>Arthur J. Sexton, 837 Hardy KC, Mo.</u>	

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	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fetal atelectasis</u>			<u>from birth</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>prematurity</u> DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>7682</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.		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 17 Feb, 1951, to 17 Feb, 1951, that I last saw the deceased alive on 17 Feb, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>John C. Blumenschein M.D.</u> (Degree or title)		23b. ADDRESS <u>Independence Mo.</u>		23c. DATE SIGNED <u>18 Feb 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 19, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Indep. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>2/19/51</u>		REGISTRAR'S SIGNATURE <u>Donald C. Emswiler</u> 378		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John A. Repley</u> Indep. Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

4800

MAR 2 RECD

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

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Diston L. Kesley*  
Licensed Embalmer No. *4225*  
P. O. Address *Indep. 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.