

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4497

No. 300  
10.48

FILED MAR 23 1952 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 2019 Registrar's No. 31

3520

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs</u>		12500	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin County Memorial Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>709 So. Main St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u> b. (Middle) <u>=</u> c. (Last) <u>Dexton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Feb. 19, 1899</u>		9. AGE (In years last birthday) <u>62</u>		10. MONTHS <u>11</u> DAYS <u>21</u> HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Malvern, Ark</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>L. D. Finley</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Selma McCall</u>	
13c. NAME OF HUSBAND OR WIFE <u>A. R. Sexton</u>		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 <u>A. R. Sexton - 709 So. Main St - Kennett Mo</u>		17. ADDRESS		17. ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Arteriosclerosis</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infected Hyphomycosis</u>		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>601X</u>	
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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Jan 25, 1952</u> to <u>Feb 10, 1952</u> , that I last saw the deceased alive on <u>Feb 10, 1952</u> and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Henry W. Munster</u> (Degree or title)	
23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>4/1/52</u>		24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-14-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-23-52</u>		REGISTRAR'S SIGNATURE <u>Carl H. Hubbard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Luella Burdick Kennett Mo</u> ADDRESS	

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 2-25-52 .....  
COUNTY FILE NUMBER 252-59 .....

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 *Edgar Dull Ford*  
Licensed Embalmer No. *4433*

P. O. Address *Kennett 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.