S. No. 300
Rev. 10-48

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

FILED JUL 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21725

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1005 Registrar's No. 3021

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 28yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Osteopathic Hospital 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 3448 ~~2448~~ 2449 Elmwood

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Gilbert
c. (Last): Sexton

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1953.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 12, 1913.
9. AGE (In years last birthday): 39 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (City and State or Foreign Country): Rosedale Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Charles Dana Sexton
13b. MOTHER'S MAIDEN NAME: Anna L. Weiss
14. NAME OF HUSBAND OR WIFE: Roxie L. Sexton 3449 ~~2448~~ Elmwood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 495-01-9825
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Roxie L. Sexton ~~2448~~ Elmwood K.C.MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

It 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) Hypostatic pneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized peritonitis. — 3 days.
DUE TO (c) Peptic ulcer. (Ruptured) — 3 years.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 5401

19a. DATE OF OPERATION: June 7, 1953
19b. MAJOR FINDINGS OF OPERATION: Ruptured peptic ulcer.
20. AUTOPSY? YES [X] 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* May 3, 1952, *to* June 11, 1953, *that I last saw the deceased alive on* June 11, 1953, *and that death occurred at* 11:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. S. Anderson, (Degree or title) D.O. 2
23b. ADDRESS: 2425 Independence Blvd., K.C. Mo.
23c. DATE SIGNED: June 13, 1953.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Hill
24d. LOCATION (City, town, or county) (State): Kansas City Mo.

DATE REC'D BY LOCAL REG.: 6-15-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Mrs. C. L. Forster Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ....Joe B. Yoder....

Licensed Embalmer No. 4173

P. O. Address ....K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson

State File No. 21725

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 3021

On this 19th day of February, 1954, before me appears Mrs. Ropie L. Septon, who, upon her oath, states that the original record of ~~birth~~ death for Arthur Gilbert Septon, ~~born~~ died June 11, 1953, in the State of Missouri, and which was filed at K. C., Mo. on 6-15, 1953 should be corrected as follows:

Item No. 2 e should read 2449 Elmwood
Instead of 2448 "

Item No. 14 should read Ropie L. Septon, 2449 Elmwood
Instead of " " " 2448 "

Item No. 17 should read Ropie L. Septon, 2449 Elmwood
Instead of " " " 2448 "

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ropie L. Septon (Wife)
Relationship.
2449 Elmwood
Present Address.

Subscribed and sworn to before me this 19th day of February, 1954.

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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