

FILED JUN 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19811

State File No. _____
Registrar's No. 6

BIRTH NO. _____		REG. DIST. NO. <u>250</u>		PRIMARY REG. DIST. NO. <u>4373</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Barnard</u>		c. LENGTH OF STAY (In this place) <u>9 yrs.</u>		c. CITY OR TOWN <u>Barnard</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Family home</u>				e. STREET ADDRESS (If rural, give location) <u>2nd & Stonehocker Sts. 0740</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>		b. (Middle) <u>L</u>		c. (Last) <u>Sexson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 14 54</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 14, 1867</u>	
9. AGE (In years last birthday) <u>86</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HR. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own account</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Sexson</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Della M. Jones Sexson</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Della M. Sexson, Barnard, 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carcinoma of colon</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>more than four yrs.</u>	
19a. DATE OF OPERATION <u>Aug., 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>adenocarcinoma of sigmoid</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.s., 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) (Min.)	
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 <u>25 Jan., 1944</u> , to <u>14 June, 1954</u> , that I last saw the deceased alive on <u>14 June, 1954</u> , and that death occurred at <u>9:00 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. D. Hunsford, M.D.</u>				23b. ADDRESS <u>Barnard, Missouri</u>		23c. DATE SIGNED <u>6/16/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 17-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Maryville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 19-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edna C. Cusack</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Prior Funeral Home Maryville-Mo</u>		ADDRESS	

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

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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.....
Signature of Student Embalmer

Signed *Curtis C. Hensley*.....

Licensed Embalmer No. *493*.....

P. O. Address *Manassasville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.