

with, before, or after the death of the decedent.

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 393

FILED JAN 30 1958

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY Butler b. CITY Poplar Bluff c. FULL NAME OF INSTITUTION Doctors Hospital 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Dunklin c. CITY OR TOWN Kennett d. STREET ADDRESS 3. NAME OF DECEASED Mable Elena Sexton 4. DATE OF DEATH Jan. 10, 1958 5. SEX female 6. COLOR OR RACE white 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Sept. 7, 1902 9. AGE 55 10. USUAL OCCUPATION Ass't. Librarian 11. BIRTHPLACE Bernie, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13a. FATHER'S NAME Frank Sadler 13b. MOTHER'S MAIDEN NAME Rachel Hollaway 14. NAME OF HUSBAND OR WIFE deceased 15. WAS DECEASED EVER IN U.S. ARMED FORCES? no 16. SOCIAL SECURITY NO. 151X 17. INFORMANT Mona Lee Ross Dexter, Mo. 18. CAUSE OF DEATH Cerebral embolus Carcinomatosis Carcinoma Stomach 19. WAS AUTOPSY PERFORMED? YES 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. 20c. TIME OF INJURY 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION COUNTY STATE 21. I attended the deceased from Dec. 25, 1957 to Jan. 10, 1958 and last saw her alive on Jan. 10, 1958 22a. SIGNATURE J. L. Kneibert M.D. 22b. ADDRESS Poplar Bluff, Mo. 22c. DATE SIGNED Jan. 21, 1958 23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 1-12-58 23c. NAME OF CEMETERY OR CREMATORY Bernie cemetery 23d. LOCATION (City, town, or county) (State) Bernie, Mo. 24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Dexter, Mo. 25. DATE RECD. BY LOCAL REG. 1/28/58 26. REGISTRAR'S SIGNATURE H. M. ...

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED
JAN 28 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

MAR 5 1958

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 Marcel Wuthrich

Licensed Embalmer No. 4717
P. O. Address Butler, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.