

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038568
STATE FILE NUMBER

FILED OCT 31 1958

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sikeston</u> 1003
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>419 Prosperity</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>419 Prosperity</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Les</u> Middle <u>H.</u> Last <u>Sexton</u>			4. DATE OF DEATH Month <u>10</u> Day <u>20</u> Year <u>1958</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 31, 1886</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Barber</u>	11. BIRTHPLACE (City and state or country) <u>Livingston Co. Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Allev Sexton</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Hays</u>	14. NAME OF HUSBAND OR WIFE <u>Maudie Sexton</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Maudie Sexton - Sikeston, Mo</u>	Address <u>Sikeston, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 MIN</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4201</u>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from <u>June 1957</u> to <u>October 1, 58</u> and last saw her alive on <u>October 19-1958</u> Death occurred at <u>10:45</u> P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>B.L. Memullin D.O.</u> (Degree or title)	22b. ADDRESS <u>Sikeston, Mo.</u>	22c. DATE SIGNED <u>10-20-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-21-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo.</u>
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24. FUNERAL DIRECTOR <u>Al Sexton Funeral Home</u> <u>Sikeston, Mo.</u>	ADDRESS <u>Sikeston, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10-21-58</u>	26. REGISTRAR'S SIGNATURE <u>Max O. Hunter</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DATE RECEIVED 10-27-08

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1058-246

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 [Signature]

Licensed Embalmer No. 2676

P. O. Address Cran 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.