

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031741

FILED VS OCT 13 1959

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Registration District No. _____ Primary Registration District No. _____ Registrar's No. 150

STATE FILE NUMBER

IDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Cass		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Creighton		a. STATE Missouri b. COUNTY Cass		c. CITY OR TOWN Creighton	
Length of stay in 1b 1 1/2 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last John William Henry Sexson				4. DATE OF DEATH Month Day Year 9 26 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-29-1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ft. Worth, Texas		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME William J. Sexson		13b. MOTHER'S MAIDEN NAME Margaret I. Harrison		14. NAME OF HUSBAND OR WIFE Lula May Sexson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Mrs. Lula May Sexson Address Creighton, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Cerebral Hemorrhage						7 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis						several years	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)					
20c. TIME OF INJURY. Hour 3 a.m. p.m. Month, Day, Year. April, 1955	20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from April, 1955 to 26 Sept. 1959 and last saw ^{him} alive on Sept 21, 1959				Death occurred at 3 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Leaburn H. Ellis, M.D. (Degree or title)		22b. ADDRESS Harden City, Mo		22c. DATE SIGNED 9/26/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-29-1959	23c. NAME OF CEMETERY OR CREMATORY Dayton Cemetery		23d. LOCATION (City, town, or county) Dayton, Missouri		(State)	
24. FUNERAL DIRECTOR William H. Pickett ADDRESS Harden City, Mo.		25. DATE REC'D. BY LOCAL REG. 9-28-59		26. REGISTRAR'S SIGNATURE Ma Ray Sebree			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Ricky J. Hickey*

Licensed Embalmer No. 4685

P. O. Address Harlow City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.