

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037197

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5436

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

FILED NOV 13 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
Length of stay in lb <b>25 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>Auditorium Hotel 1221 Broadway</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Saint Josephs Hospital</b>		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)				4. DATE OF DEATH			
First <b>VIOLA</b>		Middle <b>FLORENCE</b>		Last <b>SEXTON</b>		Month <b>10</b> Day <b>30</b> Year <b>61</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-11-03</b>	9. AGE (last birthday) <b>58</b>	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk-Typist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Dept of Revenue</b>		11. BIRTHPLACE (City and state or country) <b>Chillicothe, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Oliver Ledbetter</b>			13b. MOTHER'S MAIDEN NAME <b>Marinda Bedwell</b>			14. NAME OF HUSBAND OR WIFE <b>Charles R. Sexton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mr. Norbert Wayne Sexton: 4909 Chest. K.C., Mo.</b>			
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) <b>Fracture Perineum</b>							
DUE TO (b) <b>Pelvis Hemorrhage</b>							
DUE TO (c) <b>W Ribs</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Gas Bacillus lepticemia</b>				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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Two Car Collision</b>				
20c. TIME OF INJURY Hour _____ Month, Day, Year <b>10 28 61</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		20f. CITY, TOWN, OR LOCATION <b>Kansas City</b> COUNTY <b>Jackson</b> STATE <b>MO</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____				Death occurred at <b>3:40 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Ruth Owens</b> (Degree or title) <b>M.D. Coroner</b>			22b. ADDRESS <b>152 Union Station - K.C., Mo.</b>			22c. DATE SIGNED <b>10-31-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal-Burial 10-2-61</b>		23b. DATE <b>10-2-61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>McCullough Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Triplett, Missouri</b>	
24. FUNERAL DIRECTOR <b>WEILERT FUNERAL HOMES (S) K.C., MO.</b> ADDRESS _____			25. DATE RECD. BY LOCAL REG. <b>10-31-61</b>		26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>		

DATE AMENDED

INSTEAD OF

SHOULD READ

FILE NO.

DOCUMENT

BY AFFIDAVIT OF H. OWENS MEDICAL CERTIFICATION

**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,

~~only~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Jack F. Moore*

Licensed Embalmer No. 4729

P. O. Address Kansas City

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.