

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

280  
230 -62-035570  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 251 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

**FILED OCT 1 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Barnard</b>		Length of stay in 1b <b>1 month</b>	c. CITY OR TOWN <b>Barnard</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Roe Miller Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Barnard</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>DELLA</b> Middle <b>MAE</b> Last <b>SEXSON</b>			4. DATE OF DEATH Month <b>9</b> Day <b>21</b> Year <b>62</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>5/30/82</b>
9. AGE (last birthday) <b>80</b>		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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Skidmore, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>J. I. Jones</b>	
13b. MOTHER'S MAIDEN NAME <b>Ellen Peacock</b>		14. NAME OF HUSBAND OR WIFE <b>Edward L. Sexson, dec.</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. <b>none</b>	17. INFORMANT <b>Mrs. Roe Miller, Barnard, Missouri</b> Address _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized Carcinoma</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Carcinoma nose after 16 yrs</b> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <b>16 yrs</b>
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 checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____		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 <b>Maryville, Missouri</b>	COUNTY _____ STATE _____
21. I attended the deceased from <b>Jan 1 1955</b> to <b>9/21/62</b> and last saw <sup>per</sup> <sub>him</sub> alive on <b>9-20-62</b> Death occurred at _____ <b>5:30 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M. D.</b>	
22b. ADDRESS <b>Maryville, Missouri</b>		22c. DATE SIGNED <b>9/22/62</b> (State) _____	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>9/23/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Miriam</b>	23d. LOCATION (City, town, or county) <b>Maryville, Missouri</b>
24. FUNERAL DIRECTOR <b>Price Funeral Home, Maryville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9 22-62</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

USE BLACK INK OR TYPEWRITER RIBBON

**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 John W. Price  
Licensed Embalmer No. 4281

P. O. Address Maryville 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.