

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006995

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 618 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 18 1963

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 7b 2 months

c. CITY OR TOWN Kansas City Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Children's Mercy Hospital Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 5324 East 47th North Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Lynda Middle Lu Last Sexton

4. DATE OF DEATH Month 1 Day 28 Year 63

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 11-26-62 9. AGE (last birthday) IF UNDER 1 YEAR Months 2 Days 2 IF UNDER 24 HR Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 10b. KIND OF BUSINESS OR INDUSTRY Infant

11. BIRTHPLACE (City and state or country) Kansas City, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Kirt Sexton 13b. MOTHER'S MAIDEN NAME Ama Nell Bardine 14. NAME OF HUSBAND OR WIFE

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. 17. INFORMANT Mother Address 5324 East 47th North K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Arrest
DUE TO (b) CONGENITAL HEART DISEASE
DUE TO (c) TRUNCUS ARTERIOSUS
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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 1-15-63 to 1-28-63 and last saw her alive on 1-28-63. Death occurred at 7:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ruth Yohe, M.D. 22b. ADDRESS 1710 Independence Ave. K.C., Mo. 22c. DATE SIGNED 1-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 1/31/1963 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Harrison, Arkansas

24. FUNERAL DIRECTOR C.N. Blackman & Son ADDRESS 14 S. Mo 25. DATE RECD. BY LOCAL REG. 1-30-63 26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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 *Best B. Bennett*

Licensed Embalmer No. 4656

P. O. Address Kansas City, 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.