

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36115**

FILED DEC 13 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 30

1. PLACE OF DEATH  
 a. COUNTY **BATES**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **RICH HILL**  
 c. LENGTH OF STAY (in this place) **3 yrs.**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **218 E. MAPLE ST**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE **MISSOURI** b. COUNTY **BATES**  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **RICH HILL** **0070**  
 d. STREET ADDRESS (If rural, give location) **218 E. MAPLE ST.**

3. NAME OF DECEASED (Type or Print)  
 a. (First) **MARY** b. (Middle) **ELIZABETH** c. (Last) **RECTOR**  
 4. DATE OF DEATH (Month) (Day) (Year) **DEC-2-1950**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **MARCH-6-1867** 9. AGE (In years last birthday) **83**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **-** 11. BIRTHPLACE (State or foreign country) **MOBILES COUNTY, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JAMES TYRE** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **CHAS. W. RECTOR**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **-** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **Chas. W. Rector - Rich Hill, Mo.** ADDRESS **-**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Respiratory Failure**  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) **Myocardial Decompensation**  
 DUE TO (c) **Cerebral Apoplexy**  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
**3.34X**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **Dec. 1, 1950**, to **Dec. 2nd, 1950**, that I last saw the deceased alive on **Dec. 2nd, 1950**, and that death occurred at **8:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **T.R.M.: B. D.O.** (Degree or title) 23b. ADDRESS **Erbe Rd. Rich Hill Mo.** 23c. DATE SIGNED **12-6-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **DEC-5-1950** 24c. NAME OF CEMETERY OR CREMATORY **MEYER CEMETERY** 24d. LOCATION (City, town, or county) (State) **BATES COUNTY, Mo.**

DATE REC'D BY LOCAL REG. **Dec. 9, 1950.** REGISTRAR'S SIGNATURE **Mr. Edwin Dangler** 25. FUNERAL DIRECTOR'S SIGNATURE **Booth Funeral Home - Rich Hill, Mo.** ADDRESS \_\_\_\_\_

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-12-50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 12-12-50 \_\_\_\_\_

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed *John G Underwood*

Licensed Embalmer No. *3585*

P. O. Address *Butte 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 this body is not embalmed, fact should be so stated above.