

FILED FEB 27 1951
9440-51

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5796

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 59

0940

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

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ST. FRANCOIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ST. FRANCOIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) NEAR FARMINGTON, MO	

3. NAME OF DECEASED (Type or Print)	a. (First) LLOYD	b. (Middle) EUGENE	c. (Last) RECTOR	4. DATE OF DEATH (Month) FEB (Day) 15, (Year) 1951
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5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant 0	8. DATE OF BIRTH Feb. 14, 1951	9. AGE (In years last birthday) 0 Months 0 Days 0 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) St. Francois, ctty, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Cecil Rector	13b. MOTHER'S MAIDEN NAME Viola Lunsford	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Cecil Rector, Farmington, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 14, 1951, to Feb 15, 1951, that I last saw the deceased alive on Feb 16, 1951, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE D. M. Starfield (Degree or title)	23b. ADDRESS Farmington Mo	23c. DATE SIGNED 2/16/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb 17, 1951	24c. NAME OF CEMETERY OR CREMATORY Parkview	24d. LOCATION (City, town, or county) near Farmington Mo. (State)
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DATE REC'D BY LOCAL REG. Feb 16, 1951	REGISTRAR'S SIGNATURE Esther Rude	25. FUNERAL DIRECTOR'S SIGNATURE C. H. Cozean Farmington Mo.	ADDRESS
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File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 19 1951

RECEIVED

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 *C. H. Cozart*

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.