

S. No. 300
V. 10.46

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5426 State File No. 19826

BIRTH NO. _____		REG. DIST. NO. <u>111</u>		PRIMARY REG. DIST. NO. 3000		Registrar's No. <u>23</u>		
1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin.</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gray Summit.</u>		c. LENGTH OF STAY (in this place) <u>6 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Villa Ridge.</u>		0360		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gray Summit, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>x</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Rector</u>			4. DATE OF DEATH: (Month) <u>June</u> (Day) <u>25</u> (Year) <u>1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 16th, 1862</u>		
				9. AGE (In years last birthday) <u>89</u>		10. IF UNDER 1 YEAR: Days <u>5</u> Hours <u>9</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>		11. BIRTHPLACE (State or foreign country) <u>Jefferson, N. Carolina.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert Wm. Wooten.</u>			13b. MOTHER'S MAIDEN NAME <u>Sibba Black.</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Rector.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. B. Disharoon</u> ADDRESS <u>Gray Summit, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis Cardiovascular Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 <u>4221</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>6-19</u> , 19 <u>51</u> , to <u>6-25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-17</u> , 19 <u>51</u> , and that death occurred at <u>2:45 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>B. J. Stuhlman</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Union, Mo.</u>		23c. DATE SIGNED <u>6-26-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 27, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery, R.F.D. Villa Ridge,</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>		
DATE REC'D BY LOCAL REG. <u>June 26-51</u>		REGISTRAR'S SIGNATURE <u>Nancy B. Gross</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rieberg & Pitt, Inc.</u> ADDRESS <u>Washington, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

360

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL - 2 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 _____

Jerome F. Devoloda

Signed.....
Student Embalmer

Licensed Embalmer No. 4507

P. O. Address Washington

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.