No. 300
10.48

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

FILED OCT 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34567

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5329 Registrar's No. 29-1952

1. PLACE OF DEATH
a. COUNTY: Crawford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Oak Hill Twp.
c. LENGTH OF STAY (In this place): 49 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cuba, Mo. Rt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Oak Hill Twp. 0280
d. STREET ADDRESS (If rural, give location): Cuba, Mo. Rt.

3. NAME OF DECEASED (Type or Print)
a. (First): Titus
b. (Middle): Cilvanis
c. (Last): Rector

4. DATE OF DEATH (Month) (Day) (Year): October 1 1952

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 4-21-1866

9. AGE (In years last birthday): 86
If under 1 year: Months ___ Days ___
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (City and State or Foreign Country): South Carolina

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Alfred Burton Rector

13b. MOTHER'S MAIDEN NAME: Larh Shook

14. NAME OF HUSBAND OR WIFE: Clemma Woodruff 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: Mrs. Essie V. Downes
ADDRESS: Cuba, Mo. Rt

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old age
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: 331X

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) m.

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* 1940, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Oct 1, 1952, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: N. H. Davis M.D. (Degree or title)

23b. ADDRESS: Rolla Mo.

23c. DATE SIGNED: 10-2-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-4-1952

24c. NAME OF CEMETERY OR CREMATORY: Bacon Cemetery

24d. LOCATION (City, town, or county) (State): Crawford County, Mo.

DATE REC'D BY LOCAL REG.: 10-4-1952

REGISTRAR'S SIGNATURE: Paul A. Shanklin 372

25. FUNERAL DIRECTOR'S SIGNATURE: Milford H. Winter
ADDRESS: OWENSVILLE

(Licensed Embalmer's Statement on Reverse Side)

OCT 29 1952

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 Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Milford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.