S. No. 300
v. 10-48

FILED SEP 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29682

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 194

0

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

1. PLACE OF DEATH
a. COUNTY: Saint Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Charles
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location): Saint Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Charles 0923 0
d. STREET ADDRESS (If rural, give location): 1904 North Fifth Street

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

4. DATE OF DEATH (Month) (Day) (Year): Aug. 28, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: Jan. 29, 1910
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months 6, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): sheet metal worker
10b. KIND OF BUSINESS OR INDUSTRY: aircraft
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edward W. Rector
13b. MOTHER'S MAIDEN NAME: Rose Corrigan
14. NAME OF HUSBAND OR WIFE: Willene Schu

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: 492-01-8836
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Rose Rector, Saint Charles, Mo

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): Gen. Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Sigmoid — 6 mo
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
153X

19a. DATE OF OPERATION: 6-5-53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Bowel (Sigmoid) c̄ Metastases to Liver
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* Jun 8-25-, 1953, *to* Aug 28-, 1953, *that I last saw the deceased alive* Aug-27-, 1953, *and that death occurred at* 6A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Bud Ce 0 MD
23b. ADDRESS: St. Charles Mo
23c. DATE SIGNED: Aug. 29 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 31, 1953
24c. NAME OF CEMETERY OR CREMATORY: St. Chas. Borromeo Cmty
24d. LOCATION (City, town, or county) (State): Saint Charles, Mo.

DATE REC'D BY LOCAL REG.: Aug 29 1953
REGISTRAR'S SIGNATURE: Fannie Hamilton 244-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: H. C. Dallmeyer & Son, St Charles Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Frank R Amalong

Licensed Embalmer No. 4,835

P. O. Address St Charles, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.