

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4252**

FILED FEB 24 1954 REG. DIST. NO. **58** PRIMARY REG. DIST. NO. **4087** Registrar's No.

1. PLACE OF DEATH a. COUNTY Carter		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Mo b. COUNTY Carter	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Van Buren	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Van Buren 0130	
d. FULL NAME OF HOSPITAL OR INSTITUTION Own Home		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Rebecca b. (Middle) Elvina c. (Last) Rector			4. DATE OF DEATH (Month) (Day) (Year) Feb 17 1954		
5. SEX F	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED widowed	8. DATE OF BIRTH Sept 13 1890	9. AGE (In years last birthday) 63	10. CITIZEN OF WHAT COUNTRY U.S.A.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Redford Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Richard Brooks		13b. MOTHER'S MAIDEN NAME Angeline Masingale		14. NAME OF HUSBAND OR WIFE Charley 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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary M. Call, Berchtree 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH - 6 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis		3 hrs.
	DUE TO (c) essential hypertension		7 yrs
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. diabetes glomerulonephritis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 WHOLE 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 **3-22**, 19**49**, to **2-16**, 19**54**, that I last saw the deceased alive on **2-13**, 19**54**, and that death occurred at **12:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank J. Rucinski, D.O.		23b. ADDRESS New Buren, Mo.		23c. DATE SIGNED 2-18-54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 2-18-54	24c. NAME OF CEMETERY OR CREMATORY Houses Creek	24d. LOCATION (City, town, or county) (State) Carter, Mo	

DATE REC'D BY LOCAL REG. Feb 20, 1954	REGISTRAR'S SIGNATURE MAS Octa Heinson Keaton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pewitt Van Buren, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

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 Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.